







# PRACTICAL VISIONS

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## *A Book of Inspiration*

BY

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JOURNAL PRINTING COMPANY  
KIRKSVILLE, MISSOURI



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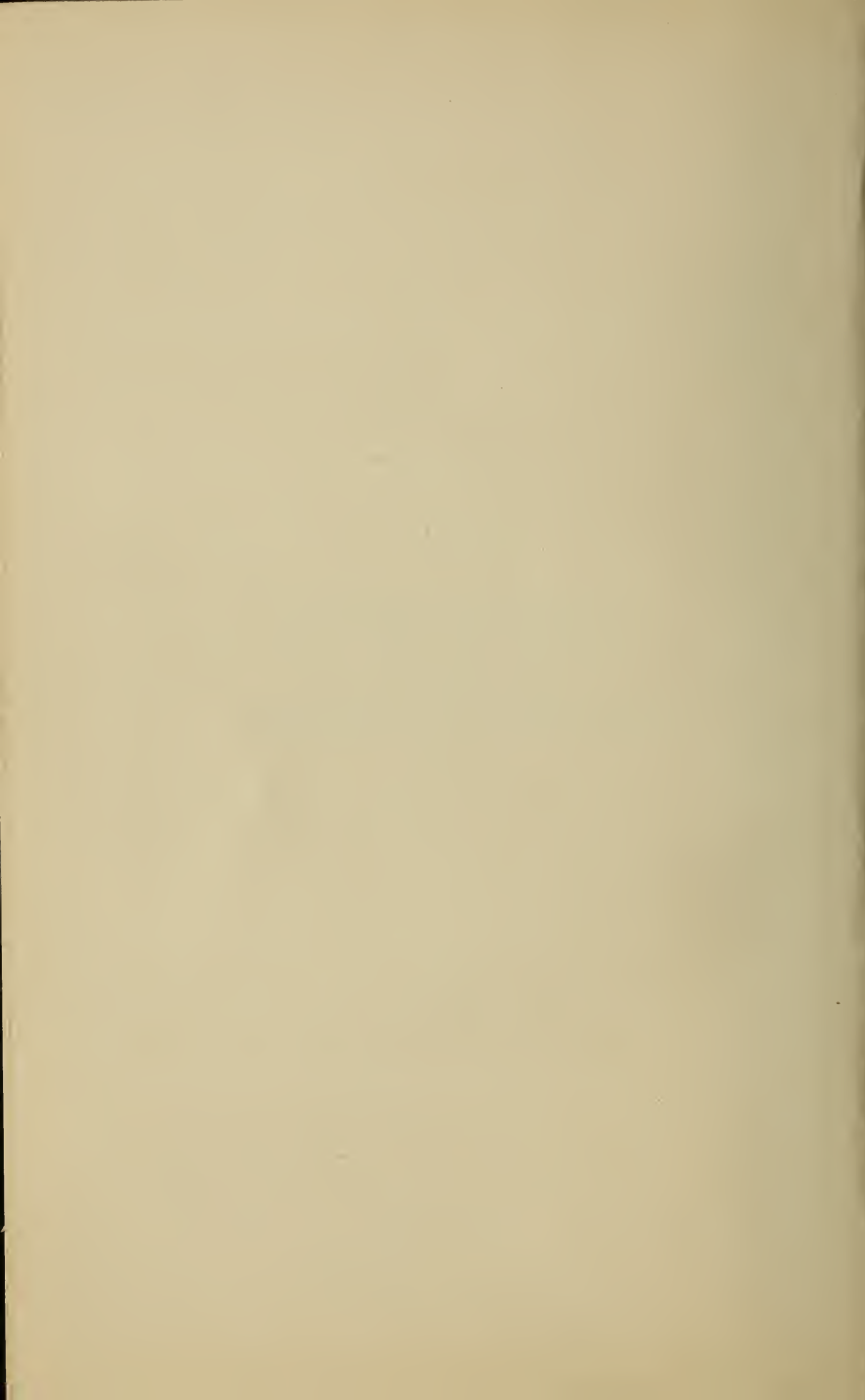
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No. 1

Dedicated to My Old Friend

DR. C. C. REID

who first introduced Osteopathy to me





## PREFACE

Many books have been written along inspirational lines. It would be quite impossible to cover new ground, so to speak, as there is supposedly "nothing new under the sun."

The favorite subjects of some of the greatest writers and speakers in history have been inspirational in character.

The title of this book indicates that we intend to discuss practical phases.

In the study of anatomy in our colleges we consider the human body along the lines of regional anatomy, sectional anatomy, surgical anatomy, and so forth. There is another phase, of vital importance to all practitioners of the therapeutic art, and that is applied anatomy.

We hear much about visions today. The slogan, printed in various magazines, "Where There Is No Vision, The People Perish," is pretty well impressed upon the minds of the majority of people. We have found that it is all well and good to have visions and dreams, and "raise our vibrations" to a point where we feel that we are inspired, and can dream dreams that will materialize; but how many of our dreams really come true, and how many can we use from a practical standpoint in our everyday practice?

This book is directed to graduates of osteopathic colleges; especially to those graduates who have the osteopathic concept; who have studied osteopathy intending to practice it according to the teachings of the great founder, Dr. A. T. Still.

We do not wish, in this book, to consider those who have chosen other than osteopathic methods of treating the human body. In writing of our experience, which cov-

ers a period of more than twenty-two years, we mean to present things just as we have worked them out in the office and as we have written them in the various journals.

While this book is written for graduates of osteopathy who are entering practice, we trust that there will be points of interest to those who have been practicing for some years. We have also included a few chapter that will be of interest to those who are students; likewise, a chapter to those contemplating the study of osteopathy.

We do not wish to say anything that is not practical in nature, or which cannot be carried out in the office of any osteopathic physician, if he is practicing osteopathy as taught by Dr. Still.

We will leave it to others to write on various methods in the healing art, outside of the specific lesion idea. We consider that this idea is the basic principle in osteopathy, and that it will be as long as osteopathy is practiced as a scientific method of treating human ailments, according to the teachings of the Founder of our Science.

No man is as great as osteopathy, and no man will ever be able to work out all of the principles and practice that is included in the osteopathic concept.

After practicing over twenty-two years, I realize that I have just laid the foundation stone for the real work upon which to build a greater osteopathic structure, and I hope that some day my vision regarding osteopathy, will be much greater from a practical standpoint, than it is at the present time.

There always will be among us those who have visions greater than our own. Doctor Still had a vision, away back in the time when the therapeutic art was confined almost entirely to the older school, and we possibly never will appreciate the great difficulties he encountered in launching a

new school, absolutely opposed in every way to the older school. Yet he stood firm and never weakened in his great effort to present to the world a scientific truth that will live throughout the ages. Doctor Still will go down in history as the greatest original and forcible thinker ever known in therapeutics.

Osteopathy was given to him in the form of a vision. This is a well-known fact, and had it not been of a practical nature, it never could have worked out and changed the ideas of a thinking world. His vision was practical, from a physician's standpoint, or he never could have adapted it to the clinic room, bedside, and other places where human beings suffer. It has stood the test of time, and countless numbers have been relieved by the therapeutic measures he worked out.

This vision was of such a practical nature that it brought conviction in his own mind, and apparently it lingered in his mind in the form of an outline that stood before him day after day, like a program that requires fulfilling in order to be complete and satisfactory.

A vision of this kind could only be realized and appreciated by a great mind. Possibly others had part of the same vision at different times, but only the great mentality of Dr. Still could comprehend the practical vision that was given him. Only a man with great force, tremendous conviction, iron will, and undaunted determination, could work out a program, under such unusual adversity, carrying his ideas forward to a point of satisfactory completion before being called Home.

I dare say that no person ever lived who did not have a vision of some kind, either in the way of a dream or an impression that, at least, stimulated greater thought and activity in some manner. Possibly not a year goes by that



we do not have some form of impression, or dream, or vision, but of what use are these impressions, or dreams, or visions, unless we take hold of them and build upon them a structure that will last throughout the ages?

No two human brains were ever created exactly alike, any more than any two faces. No one mind can comprehend everything. No one mind can handle the visions that are given to it, in their entirety. A great many of these are simply air castles. Apparently, they seem very good, but when thoroughly thought over, they seem either impracticable or too great a task to work out.

Men in this world are selected to do great things, according to the visions that they have. Who could fill the place of a president of the United States without having a broad vision that includes at least a desire to preside over the many states of the Union in a satisfactory manner?

What man could carry out the work of a great statesman, unless he had a practical vision which would lead him on to build a structure that would be international in character?

Men are selected for great tasks according to their ability, and the visions back of this ability.

When we want a tunnel put under the Hudson river, possibly we find but one man who has sufficient vision to carry out the idea.

When we wish a canal dug across the isthmus, we select a man who has a vision sufficiently broad to do that work in a satisfactory manner.

When great dams are to be built, when tunnels are to be bored through the mountains, men are selected who have visions sufficiently strong to enable them to convince those who have charge of the matter that they are capable in every respect of carrying out the vision or dream.

Thus in all forms of work, in all the various branches of science, music, art, we have men with vision.

Only a master can produce an oil painting that will live through the ages and command respect, attention, and a place in a great art salon.

The greatest generals that ever lived were men who had practical visions that enabled them to carry out their great schemes and bring success to the armies over which they had command.

We can train our minds to a point where we may receive impressions and put them to good use. The majority of human beings are timid. They do not appreciate the fact that they have, within their skulls, a varying number of ounces of cerebral matter, the potentiality of which can never be estimated, the capabilities of which will never be understood, and the number of superstructures that could be built upon the impressions received by which, can never be fathomed by the human mind

No man has ever used all of his brain, or any great portion of it, possibly due to lack of training, possibly from illness, or some physical handicap; but, if we only understood the capabilities of the human mind, and could find instructors sufficiently capable to train that mind and bring out all of the phases that are so necessary in order to build, from impressions and visions, there would be no limit to what we might accomplish in every instance.

F. P. MILLARD.

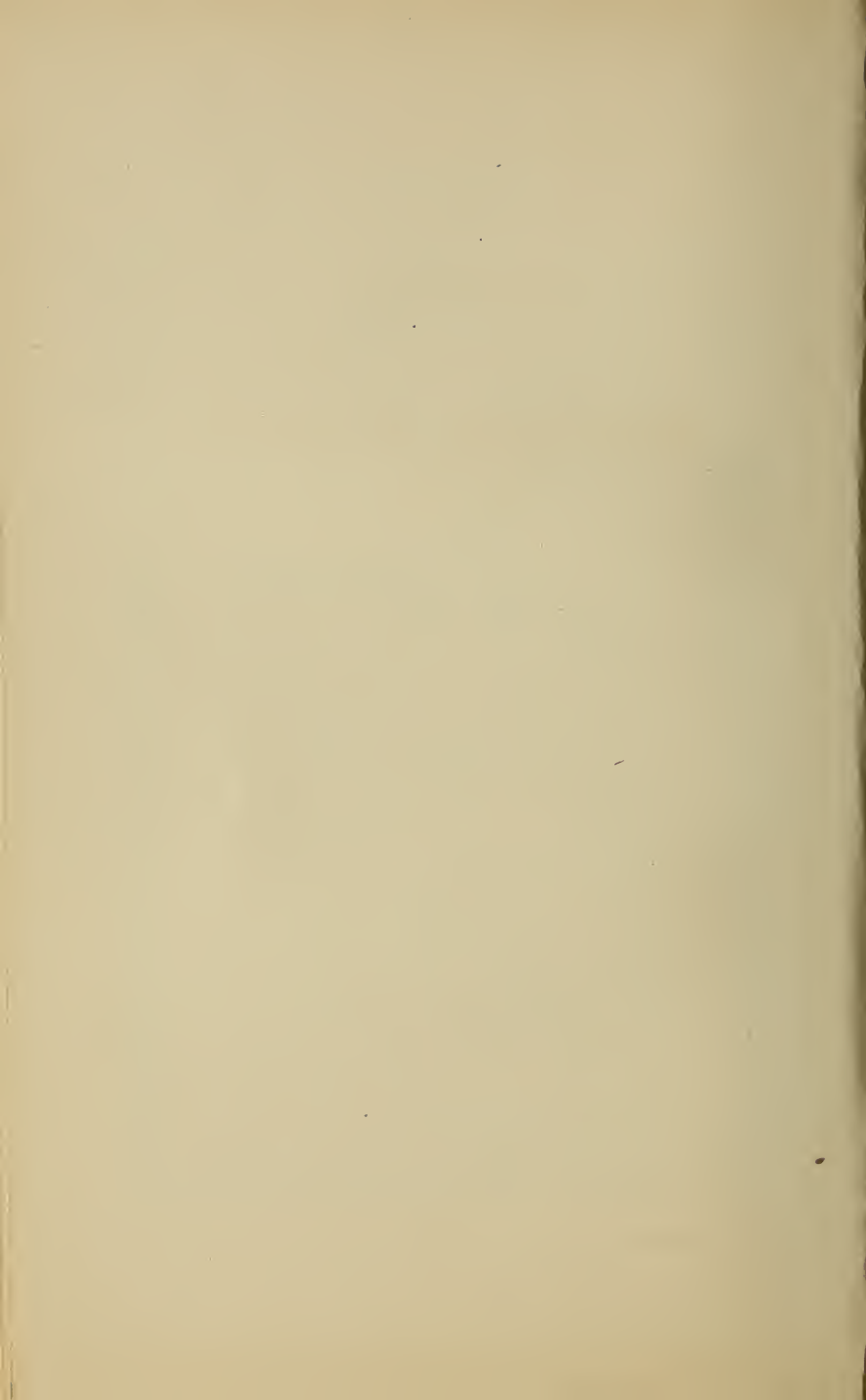
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CHAPTER I

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SELECTING A LIFE'S  
WORK



## CHAPTER I.

### SELECTING A LIFE'S WORK

Exactly a quarter of a century ago, Dr. C. C. Reid, now one of the best known osteopaths in the world, wrote me, at Denver, Colorado, where I had gone to study medicine, that I should personally investigate osteopathy at once, and that he was at Kirksville, Mo., studying osteopathy instead of medicine, as he had formerly planned, and that everything was lovely and the goose hung high.

At that time I was only in my teens, and very keen on becoming a physician. I had made up my mind to study medicine, to specialize in surgery, and practice surgery the rest of my life.

Somehow or other, the letter seemed so full of inspiration, and he seemed so deeply convinced that he had found the better way of treating human ailments, that the expression used in his letter, "everything is lovely and the goose hangs high," thrilled me through and through.

Well do I remember the first osteopathic treatment that I ever saw given. Also, I remember well the first patient that I ever talked to, who had been cured by osteopathy, after going about on crutches for quite a long time and considered incurable.

Investigation regarding the new science stimulated me to such an extent that I realized the absolute truth of the statement made by the Old Doctor, that the body is a machine, and that if we would make any headway in handling diseases we must consider the body from a mechanical standpoint and treat accordingly.

There seemed to be so much logic about osteopathy that I could not persuade myself to continue the study of

medicine. It seemed as if the new school had presented something that was tangible, real, scientific, and out of which some day the entire world would be benefited directly or indirectly, through the teachings of the Founder of this new school, called osteopathy.

Well do I remember the first copies of the Journal of Osteopathy, the first osteopathic publication that was ever printed; and in my library today I believe I prize the early copies of the Journal of Osteopathy more than any other osteopathic literature that I have in my possession. There seemed to be something about those early journals that stimulated and thrilled one to such an extent that he felt as if the real truth had been given to the people after all these centuries of therapeutic study.

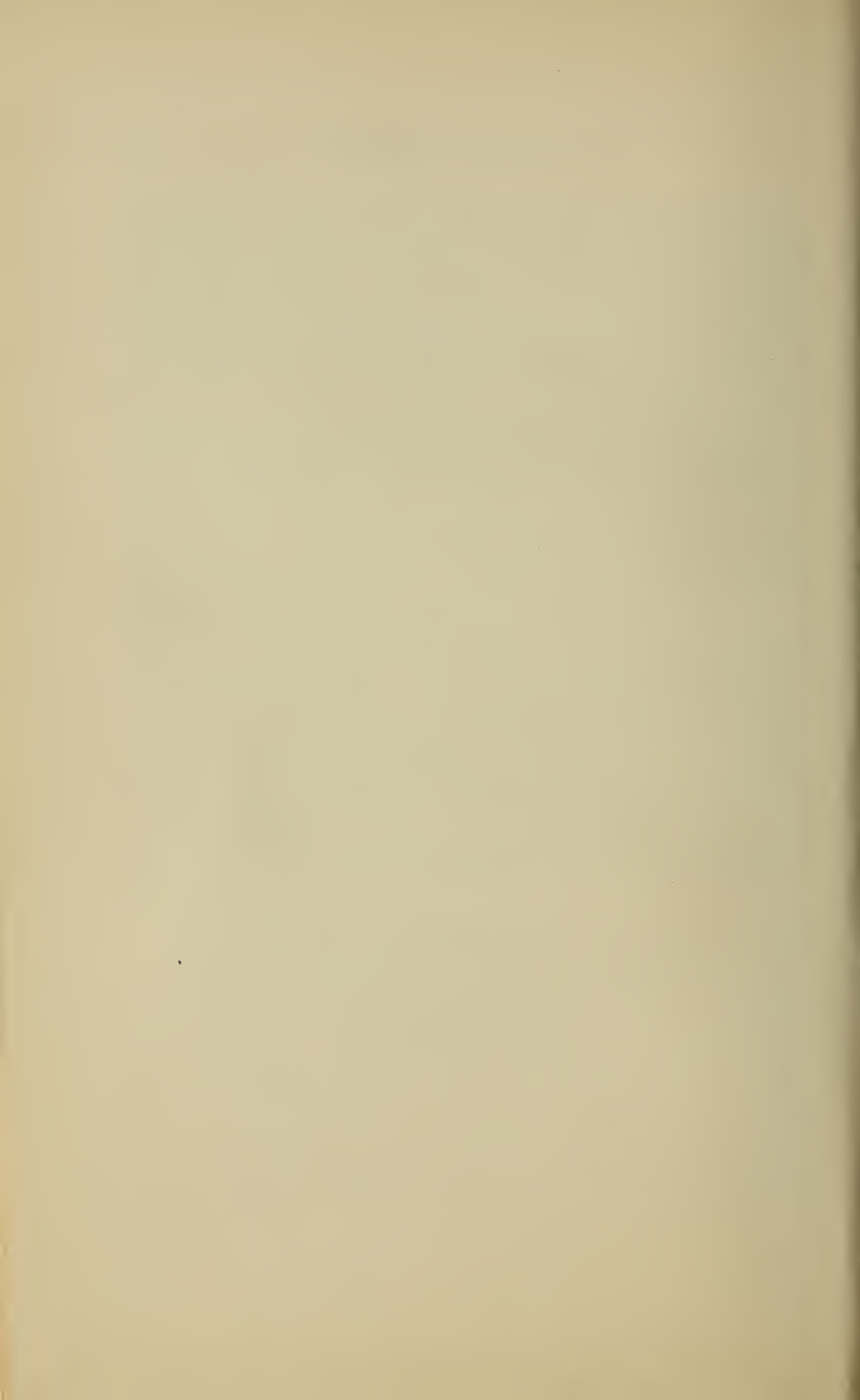
When a young man decides his course in life, the subject that he is going to study, the profession that he has chosen; the next thing he thinks about is what particular branch or phase of the subject will interest him most, and what part of the work seems most practical and most adapted to use throughout his career. Every young man wants to make the most of life; his great desire is to select some calling or profession into which he can put his whole soul and do his best work.

It was a shock to me to have to give up my early dreams, in which I pictured myself in white robes, operating in some hospital in a large city; but, on looking back over the twenty-five years since I first started the study of osteopathy, I have no regret, and were I to choose my special work again along the healing line, I would walk boldly out and enter some one of the colleges of osteopathy, and with enthusiasm go through the range of subjects and secure all the information that I could; then go out, proud to be called a disciple of Dr. A. T. Still.



Strange it is how some one comes into our lives and changes our entire program. This is a common occurrence, and if we are diverted in the right direction, and the vision is a practical one, we follow our work throughout life with the greatest of pleasure, and thrill with the thought that we have found the work best adapted to our needs and temperament.

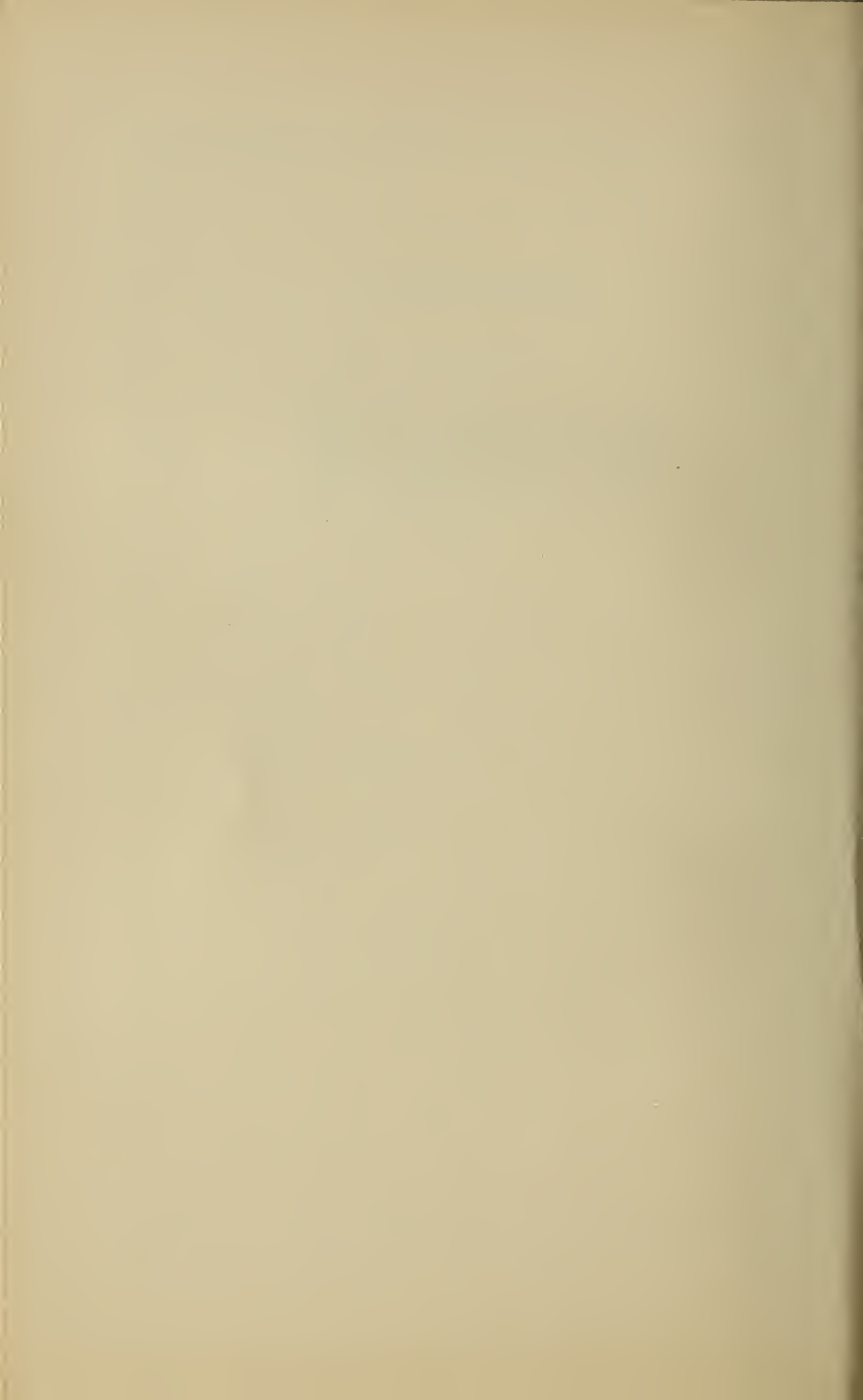
I have ever been glad that Dr. C. C. Reid came to my assistance at the time when I most needed guidance.



## CHAPTER II

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# BUILDING THE FRAMEWORK



## CHAPTER II.

### BUILDING THE FRAMEWORK

The thrill of entering college the first day lingers, usually, throughout a man's life. Many are the thoughts that run through the mind. In the first place, you have chosen your calling. In the second place, you feel that you can put your whole soul into the work. In the third place, your great desire is to build a structure that will last at least as long as you live.

With what eagerness you listen to the first lectures on a subject that seems of such vast importance to you as a beginner, and later, as you look back, is still of vast importance, in that it was the foundation of the work upon which you accomplished things in later life.

In every phase of life, a successful man is one who follows a schedule; also one who has system, and one who does not neglect each day's tasks. This is the secret of a successful man.

It is absolutely necessary to lay each stone well, true to line, and well cemented, if you wish your structure to last for any length of time.

The majority of students who enter an osteopathic college are sincere, and honestly desire to secure all the information that can possibly be had, in order that they will feel proficient and have confidence when they go out into the field to practice. Now this cannot be done unless faithful work is daily done, and unless a schedule is followed, and no work slighted.

In every school, almost invariably, the teacher takes more interest in those who are anxious to learn, and who are keen to know all that there is to be known, as nearly as is possible, about the subject that is under discussion.

The gratification that a student has on examination day in knowing that he has written his papers well, is beyond description. He has the satisfaction of knowing that he has applied himself during the term; that he has followed closely the teachings of the professors; and that he has not neglected, in any way, any chapter of the subject. There is a satisfaction, at the close of the college career, when one receives his diploma and feels within himself that he has honestly pursued his studies, and tried in every way to acquire all of the knowledge that is humanly possible during his college course.

After entering the field, one has that common feeling that he has just started in life's great study. If a student is at all inclined to be studious, which he should be, he will never stop studying, as the longer one practices the healing art, the broader the field becomes. There is no such thing as being a specialist on every subject in therapeutics. There is sufficient study on the central nervous system to confine a man's research work and clinic work to an entire lifetime and then only in a small way will he feel that he is master of the situation.

It is a question whether we ever will know all of the reflexes, or understand entirely the autonomic nervous system, or, in any way comprehend in its entirety the relation between the various nerve centers and the tracts that convey messages to all of the organs and parts of the body in such perfect harmony and unison through a peculiar co-ordination of the central nerve cells that exist in the brain and spinal cord.

But it is quite possible for a student to develop his mind to an extent where he will feel that he can diagnose to a certain degree the various conditions found in the patient under observation.



It is also a question whether any known physician at the present time, or during the past ages, has ever been able to make more than fifty percent of correct diagnoses in the average chronic cases. It is practically humanly impossible for a physician to know the condition of the tissues within the body throughout its entirety. Objective and subjective symptoms portray to us certain existing conditions, but who knows when a cancer begins, or who knows the beginning even of locomotor ataxia?

The student of today is better fitted than the one of yesterday, to comprehend the manifestations of the human body, as portrayed in clinical pictures written out by the authors of the best text books.

This need not discourage the student, as we have many examples of wonderful physicians, who have conducted practices throughout their lives on a very high order; those who have written text books; who are specialists; who have been benefactors of the human race; and who can picture the symptoms, clinically, in a manner that seems almost marvelous.

It is possible for a sincere student so to familiarize himself with physiology, applied anatomy, chemistry, and all of the various subjects taught in our great colleges today, that he will understand the human body sufficiently to give relief in the majority of instances. There are certain cases that baffle the greatest of physicians. There are certain conditions found in certain cases which may, although possibly idiosyncrasies, outwit the skill of any human physician, and the disease progresses, according to the clinic picture, through the various stages, unto an untimely end.

It is impossible for any physician to handle every form of disease. We must, therefore, content ourselves with doing the greatest amount of good that we possibly can,

and securing the greatest possible knowledge in every phase of therapeutics, and leave it to the coming generations to point the way to a greater field of diagnosis, in which, possibly, some day a physician may be able to discern the beginning of diseases, or prodromal symptoms that are impossible of detection at the present time. A certain stage of a disease is usually reached before the physician makes the diagnosis, pronouncing the case as one afflicted with such and such a trouble. If this were not true, why do men under constant care of skilled physicians go down with typhoid, or some other disease, and, while apparently in perfect health, go through certain stages of a disease that may lead to death or chronic conditions that no one dreamed of? What physician can say that a certain man will have locomotor ataxia, or even paralysis agitans? Or what physician would dare say, in all certainty, that a certain case would have an embolus that would block the circulation and put the patient into bed?

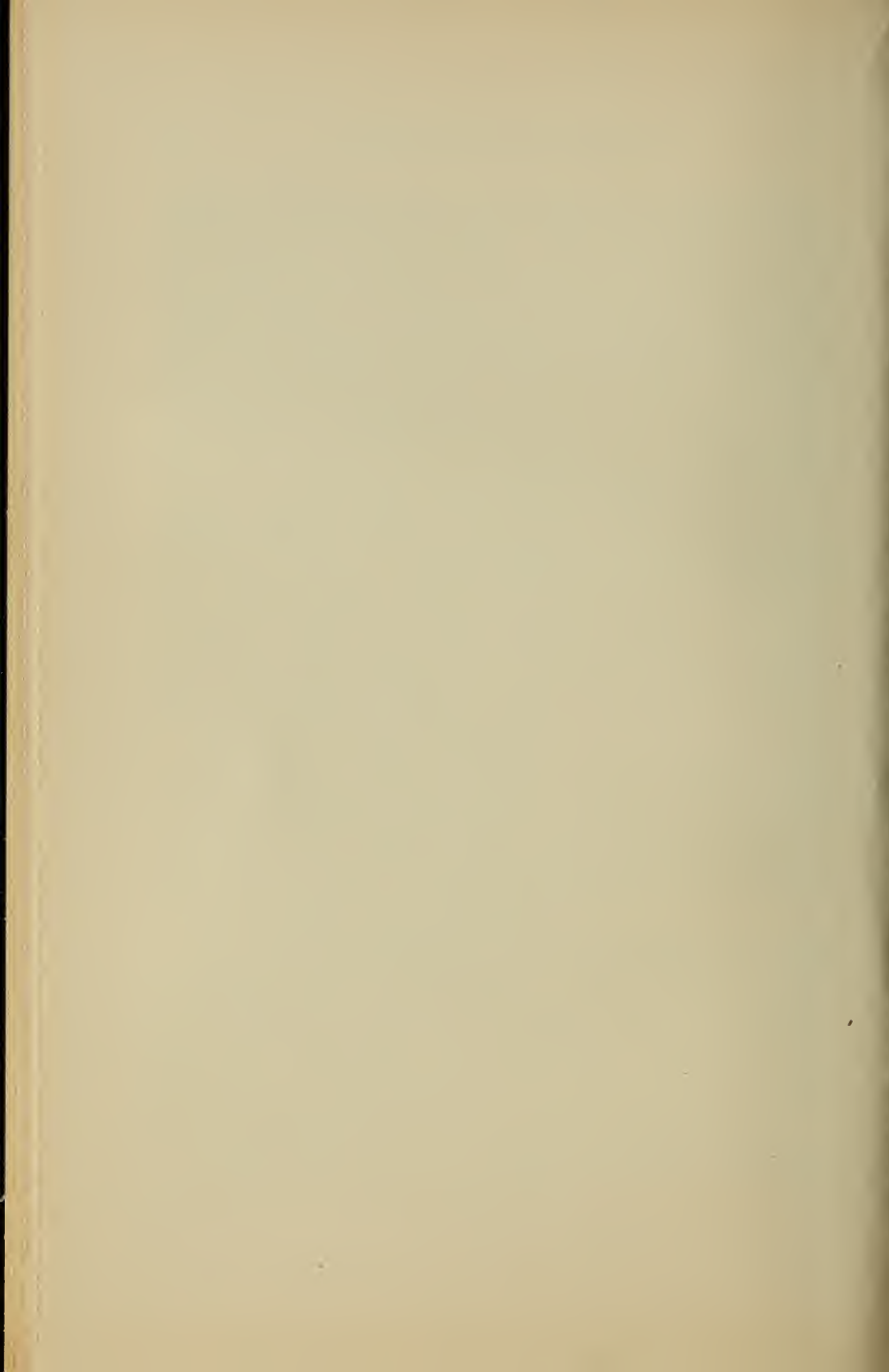
We have no way of telling what will happen to the human organism, and no physician can say with sincerity that he can cure any trouble; even the scratch of a pin, or an ingrown toe nail. Blood poison often overtakes the patient when least expected, and sometimes in spite of the greatest of skill the patient dies of tetanus.

It is well for a student to keep in mind that after all, no matter how much knowledge he may attain, it is not humanly possible, in all instances, to restore his patient, even with the greatest of care and skill. There is a certain element of uncertainty in any case, and it should serve as a hint that no matter what case we have under our care, it deserves the very best skill that we can possibly give it.

Many a case that seems trifling to a surgeon, proves in time to be most serious, or even fatal.

There is no such thing as a disease or condition being trifling in the human body. The greatest skill that we can muster, backed up by the greatest amount of study and research that we can possibly accomplish, should be centered upon every case that comes under our observation. This will make a physician successful and appreciated by the community in which he practices, more, possibly, than any other one point. Sincerity and close attention to each case spells success for any physician who has been a student and a careful observer of conditions in the human body.

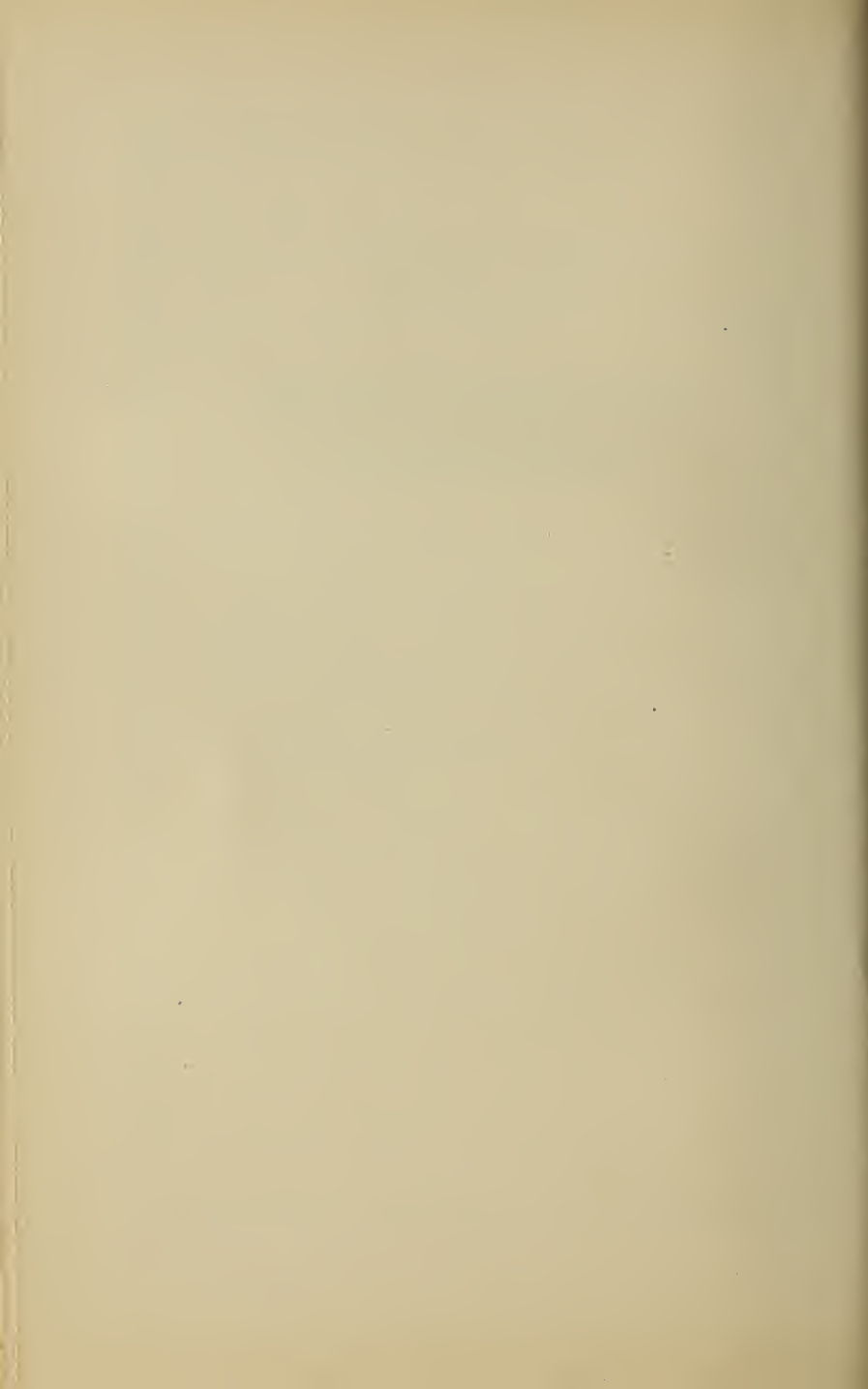
Every physician should be a research worker, a constant student, a close observer, and a conscientious worker, throughout his life as a practitioner.



CHAPTER III

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HONORING YOUR  
PROFESSION





### CHAPTER III.

## HONORING YOUR PROFESSION

When Sir Herbert Barker started out as a bone setter, he was not only unrecognized officially, but was referred to in a very slighting manner on many occasions.

Today, the knighting of this wonderful natural worker has done more to make members of the art of drugless healing proud that they belong to that craft, than anything that has happened since Dr. Still's day.

Years ago we naturally expected, when putting up our signs as osteopaths, that we would be referred to oftentimes as "irregulars," "quacks," and even "charlatans" and "mountebanks." In fact, I think I have been called all of these, as well as a great many more terms and phrases, like "pow-wow doctor," "mesmerizer," "magnetic healer," and so forth.

People become confused regarding the principles of a new science or school of healing, and osteopathy, along with some of the newer schools, has often been ridiculed in a very slighting manner by those who really did not take the pains to go into the matter and see for themselves. Many times in early days we found it most embarrassing, in doing pioneer work, to be almost openly slurred and slighted by the older school and its followers.

About the best thing I ever heard, regarding ethics of one of the "irregulars" or "quack doctors," was when one of our osteopaths went out into a new field in the early days, and, being socially inclined and a good dancer, attended a social function, at which two of the old school physicians were present. Fortunately, or unfortunately, as the case may be, the osteopath was introduced to a medic, and it

happened at a psychological moment, when a great many were standing around and listening. When the introduction took place, the medic did not know that the person to whom he was being introduced was an osteopath, and when the osteopath's name was mentioned, as being an osteopath, the medic straightened up, cleared his throat, and said: "I meet you as a gentleman, but not as a physician." The osteopath, being a quick-witted fellow, replied immediately, "Dr. Small, I meet you as a physician, but not as a gentleman." I have never forgotten that little episode, and they say that it caused consternation on the floor, but that afterward, when the two met, they were quite good friends.

Now, osteopathy is so well known that it is not referred to in the same manner as it was in early days, before it was known to have the merit that it really possesses. Yet even last week we were treating a young girl, who is engaged to a druggist. She had torticollis—acute stage—and with a specific adjustment, lasting not more than two minutes, we were able to give her immediate relief. When she reached home, some one asked her regarding her neck and how she got rid of her stiff muscle condition so readily. She replied that she had just been to the osteopath. The friend asked, "Have you gone crazy too?"

So, we see, even at the present time, some people refer to osteopathy as not being quite right, but my point of contention is this: any man doing honest work can make himself of such service to the community that eventually he will be honored by so doing, and people will come to respect him for his work and the science he represents. We should be reasonable enough not to be offended by ill-considered remarks on the part of those not acquainted with our work. Forge ahead; relieve suffering humanity; carry

on free clinics; and make the people realize the real worth of osteopathy. If every osteopathic physician will do this, we will eventually have the respect of all people.

Why should not any man feel that he is doing noble work when he is straightening the spines of children, restoring withered extremities, taking away headaches, St. Vitus' Dance, and all forms of ailments that children have? Likewise, why should any one ever feel as if he were not following a noble science when he is bringing back to health those who have been given up by physicians of the older school; when each year in our practice we prevent a great number of surgical operations and relieve people from suffering, who have had chronic ailments for many years?

Dr. A. T. Still was one of the most persecuted and ridiculed men that has ever lived, pointed to with a finger of scorn, indicating softening of the cerebral tissue; but he had a great purpose. He had a vision to carry out and materialize, and he knew that in time the entire world would refer to osteopathy as being the most natural method of restoration known in the therapeutic world.

The whole world loves a good sport. It also likes a man who will fight for right to the last ditch.

A man can make himself great in any position. We have noble examples of men who have honored the places they occupy, so to speak, and apparently they are kings in their own domains. I have known of newsboys who had built up such tremendous patronage, and had conducted their business so successfully and on such honest lines, that they were highly respected as real business men in their own cities. We have one in Toronto. I knew of one in Denver, who has become quite well-to-do. I remember well years ago when he stood on a certain corner, and although in that city for recuperative purposes, he overcame

all obstacles and made himself so honored and respected that I have known business men to go two blocks out of their way just to buy a paper from him or to speak to him.

How any osteopath could ever leave his work because he felt that some people did not consider him as "regular" as the old school physician, I never could understand. If such an osteopath would have his mind more on research work and the delving into subjects that he might investigate, along anatomical and physiological lines, he would certainly have no chance to reflect upon the trite or small sayings of some one who, either in a jocular or cynical manner, attempted to ridicule or belittle a science that will last through all the ages.

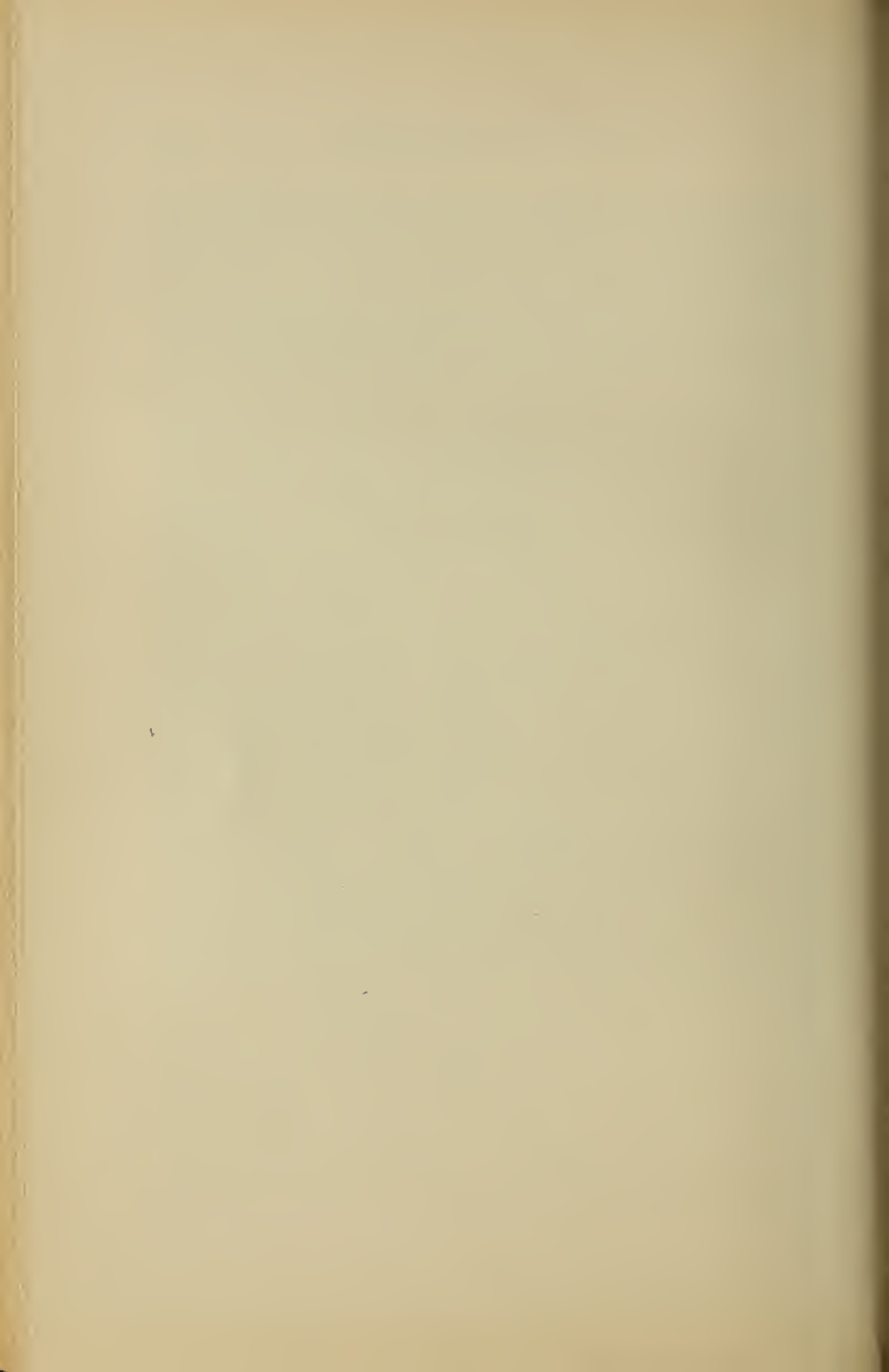
There is no field more fascinating than that of therapeutics. There are no books more interesting than those found on the shelves of a medical library. Any physiology is more interesting than the best novel; and books on symptomatology and diagnosis are more readily appreciated by a true student than the best stories by the greatest of detectives. After all, a physician should be a detective, always on the alert for signs, symptoms and tracings. By auscultation, one can probe into the mysteries of the human body and not only determine the present status, but can, through the "process of deduction," almost read the life history of his patient. By going over the spinal column, the well-posted osteopath can tell you almost the year in which a certain accident happened, and almost the manner in which his patient was twisted or thrown in order to produce the certain lesion that has registered itself upon the spinal column. From facial lineations, it is very easy for a physician to tell almost with accuracy the peculiar organic disturbances found within his patient's body; and from the nature of the headaches, according to the different areas of

the head, it is quite possible in the majority of instances, to state whether the headache is from stomach trouble, or pelvic organic disturbances.

The study of the reflexes alone could easily absorb ten years in any osteopath's life, and the careful study of any organ will take another ten years, and, in some instances, a lifetime.

As osteopaths, we have access to all books published in the world. We have an opportunity to do research work to the fullest extent. We must never imagine that everything has been learned in the way of diagnosis, or treatment, or that the last word in technic has been given. Until we have solved all physiological and pathological problems concerning normality and perversion, we should not cease our tireless toil, amid inspiring surroundings, which accompany eager students trying to solve the mysteries of the human body created by the Great Physician, who alone knows the significance of cells, tissues and systemic disturbances.

There are so many phases in the therapeutic world, in which students, as all practitioners should be, can delve into the mysteries regarding secretions, circulatory disturbances, nerve instability, hereditary diatheses, along with idiosyncrasies, and central lesion manifestations, that we have simply to select some one line of work, and follow up logically, reasonings that will lead to better diagnoses, technic, and treatment.





CHAPTER IV

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THE FRESHMAN



## CHAPTER IV.

### THE FRESHMAN

Let us again live over our college days and see if we can point out wherein we could have made more progress in our studies, and accomplished more in the way of connecting up the various subjects with a consideration of the body as a machine, and as a whole.

The tendency in the first year at college is to get a circumscribed idea of the tissues, and neglect, in a way, the broader vision that a student really should have in order that he may accomplish the greatest amount of work.

We admit that it is essential to use the microscope in histology, biology, and so forth, and that a student must secure a definite idea of the basic principles of therapeutics, and that the study of cell life is an essential feature for a clear understanding of the body as a whole.

In looking back through the long years, after one has been in practice, the subjects in the first year's course seem so easy and few in number. It seems as if the student should grasp the entire year's course in two or three months' time; but we must remember that the studies are new, and that possibly the student is working along entirely different lines from what he anticipated when he was going through high school, and, possibly, college.

The subject that appeals most to the majority of students is anatomy. The jonah of all subjects, in the majority of instances, is chemistry. Lucky is the young man who has a liking for chemistry, and who has had particular coaching along that line. It will lighten his burdens all through the four year course, and, after all, chemistry possibly is the most important of all subjects in any course that a stu-

dent may follow. It is necessary to have a good knowledge of chemistry in almost every line of work today. Especially is it most essential for a student of the human body, who intends to practice the therapeutic art, to know in detail physiological chemistry in order that he may apply his general knowledge to specific cases to the end that his knowledge of chemistry will be of the greatest value to him in handling his patients .

There is something fascinating about histology. The use of the microscope, acquainting oneself with the various forms of cells and tissues, makes the subject anything but monotonous from day to day. It is not like the bricks in a house. Although they are the units, and the assembling of the same make up the whole, yet there is a sameness to the bricks and their composition is identical. The fascinating thing about histology is that each organ has its own peculiar function. The position of the cells and arrangement of the tissues in a state of health is such, that, there is a harmonious action of parts composing the various organs, or producing the various secretions and activities of each cell and tissue.

After familiarizing oneself with the various cells in the human body, and their arrangement in the organs and tissues, the study of physiology is equally fascinating, in that we determine the relative activities of the various organs in the systemic functioning of the human machine.

Few students are capable of making drawings sufficiently accurate to enable them to derive benefit from their rough sketches day after day. However, there are a few students who could, with a little practice, acquaint themselves with the art of drawing sufficiently well to enable them to grasp more in detail the relation of the cells to the tissues, and the tissues to the body as a whole, and thereby

work out the relationships from time to time and more readily understand them through these object lessons.

We have stated at various times that it is only a matter of time until there will be histologies written from a different viewpoint, in that the student will be able to grasp from drawings and charts the systematic arrangement of the various cells and tissues throughout the body almost at a glance. It is quite impossible now for a student to get his bearings and so arrange in his mind a mental picture of the various cells and tissues that he will be able, after finishing his course in histology, to state exactly the relative proportions of the different varieties of cells and tissues in the general make-up of the human machine.

We hope at some future date to illustrate a book on histology that will make the study a pleasure to any and all students.

Accompanying every illustration that is found in histologies at the present time, there should be a large chart showing the amount of cells and tissues of a certain nature, in proportion to that of the entire body. There should be drawings and charts also illustrating the various histological specimens in their relation to adjacent tissues; also, the general vascularization and innervation. This has been sadly neglected, and the student only comprehends these points after he has well passed through the major part of his college course.

The study of anatomy, as we have stated, is the most fascinating. The text books on the subject seem large; the words are long and hard; their terminology is sometimes difficult to comprehend. It calls for a previous training in Latin and Greek. The majority of the words were "coined," as we say today, by the ancients. Under varying circumstances, each point of interest on the bones was named,

either after some physician in the ancient order, or according to the peculiar resemblance to some object other than found in the human anatomy. Only in a few instances were these original word "coiners" unable to give the particular part under discussion a name. In these instances we find the word "innominate." This word, however, is possibly as significant as some of the terms that are applied to the various organs and tissues in different parts of the body.

We found one way of handling the new-word proposition most satisfactorily. Were we to go through college again, we would follow the same course.

Securing a two hundred page, indexed, blank book, well-bound in cloth, write down every new word in anatomy that you come across, right from the first day of college. After each word, derivation and significance. The mere fact of making out a dictionary of your own is of more value than you can possibly imagine.

Next secure a box of colored crayons, or pencils, and a dozen rough, scratch tablets, and continuously design the relationship of the various organs and tissues as you pursue your course of instruction in anatomy.

If you can put on paper the relationship of the various organs and tissues, you will have an object lesson that will imprint itself so readily upon your mind that you will always have a much better conception of the part that you have designed on paper.

Some day also there will be anatomies published that will be so far ahead of the anatomies that are printed at the present time that we will look back to these in wonderment and try to determine why the various parts of the body were not put up in a manner that would have been more readily comprehended by the students in the schools.



We will not give, at this point, our ideas regarding the illustrating of an anatomy, but trust some day that we may work out in detail, drawings that will make the subject much more comprehensible to the student body.

After the first few months, the freshman begins to think that he has the subject of anatomy pretty well in hand. He has possibly covered certain sections, or regions, and his idea is that if he can cover the rest of the body, he will then know the subject very well indeed. We will not try in any way to discourage the students, as the subject of anatomy is fascinating, and it is possible for the earnest student to comprehend anatomy to a great extent; but keep in mind that in the first term, when you are going over the various sections, one by one, you must some day put them all together and so familiarize yourself with the human anatomy that you can visualize the entirety of the body mechanism, especially in reference to the vascularization and innervation of all parts of the body.

If you are adapted along the line of drawing, try and make enlarged pictures, either from your texts, or from your biology studies, and you will be surprised at how pleasing the results will be. You will feel that you have a better understanding of the human organism, both as to its localized relationship and from a systemic standpoint.

Physiology is one of the most fascinating of all the subjects. It will pay any student to follow very closely the first chapters in any book on physiology. The fundamentals of the subject become the basic principles of all functioning processes in their relation to the systemic functioning that will be considered when one enters the field of practice.

It is well, also, to buy a blank, bound, volume of good paper, and make drawings from time to time, illustrating every point that is brought out throughout the book. If

you do this, you will find that at the close of the term you will have a basic understanding of physiological functions that will be of great value to you, in that you have made objective impressions upon your mind, through the various drawings in colors that you have made from time to time.

The subject of embryology is not always so fascinating, and yet of vital importance, in that even after you are practicing in the field you will find that in discussing organic disturbances you will constantly be referring back to the embryological phases, and you will draw some of your finest conclusions from your logical, embryological reasonings.

It is almost impossible to be a good anatomist, or well posted in physiology, without absolutely knowing in detail your embryology. The peculiar arrangement of the cells, tissues and organs of the body as a rule date back to the embryological period when the formation of the cells and tissues were such that, in some instances, anomalies were produced. In other instances, growths, possibly malignant, eventually may result from a disturbance in the embryological period. Possibly an existing hereditary diathesis may produce in time a phase that comes to be pathological in its significance, and can only be comprehended from an embryological standpoint.

Undoubtedly observations on the part of an expectant mother may disturb the unborn to the extent that the, mere visualization resulting from an abnormal experience either physical or psychological, may disturb the relationship of the normal cells so that eventually, almost any known disease may result.

The first term may seem the hardest to the new student; but, in a great many ways, the reasonings from a logical and analytical standpoint during the freshman year either make or fail to make the true physician in the end.



CHAPTER V

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THE SOPHOMORE



## CHAPTER V.

### THE SOPHOMORE

It is with a great sigh of relief that the freshman enters his second year. There is something about being a freshman that makes one feel as if he were nothing at all. However, before any structure can be built, there must be a foundation, and wise is the student who builds that foundation well, and builds doubly strong, in case that the structure he rears during the four years' course will have stimulated him sufficiently to add on a few stories later.

It is the superstructure, built by conscientious research work, that makes one doctor more prominent than another. We often hear it said, "Well, that Dr. So-and-So was a classmate of mine. We studied the same length of time, had the same teachers and used the same books. I do not see how he is any greater than I am." That is the wrong idea entirely. The viewpoint a freshman gets is often the one that will make his fame world-wide, when the man standing beside him in the laboratory, and sitting beside him in the class-room, will remain just about at the same point all through the years as where he left off when he finished his course and received his degree.

There are physicians and surgeons who are sufficiently well-known in this country to attract to their clinics other surgeons from all the countries in the world, and these same leading surgeons went through the same colleges, with the same post graduate courses, as a great many others who are never heard of.

If a man devotes his entire time and energy to his work, puts his whole soul into it and has a reasonable amount of

cerebral matter, there is no reason why he should not excel in his work. If he becomes disinterested and does not follow up his studies, he passes into class "B" or "C," and the world does not hear of him. Be a class "A" man, and never stop dreaming and developing the ideas and outlines that are given to you from time to time. No man goes through life without a vision. No man lives who has not had dreams and been given ideas that, if carried out, would make him known the world over.

The second year's work naturally includes more subjects than are taught in the first year, and while part of the same ground is covered in a more practical manner, yet the greater variety of subjects adds particular interest to the student who is desirous of having a broader knowledge of the fundamental principles of therapeutics. In fact, it takes about the first year's work to get the viewpoint and to realize just about what is meant by "considering the body as a whole," and learning to classify, co-ordinate, and clarify the various subjects.

It is quite natural for a student in medicine to want to learn, as early as possible, how to write a prescription. It is equally fascinating for a student in osteopathy to be able to give his first treatment. This anxiety upon the part of the student is sometimes detrimental, in that it is quite necessary to understand the basic principles of a science before being able accurately to apply that science when the proper time comes.

Pathology, as taught in the second year, is possibly one of the most important subjects that a young physician may be instructed in. It is absolutely essential to know your pathology in detail, if you expect to make proper diagnoses from subjective and objective symptoms. If a physician follows closely his pathology text, providing it is cor-

rectly written, and viewed from a standpoint that considers the lesion as the factor in determining function or loss of the same, the proper application of this subject will enable him more accurately to understand and diagnose his patient's ailment.

The second year is too early a time to consider diagnosis or even symptomatology, other than an occasional reference on the part of the teacher.

The first and second years are really the foundation work and upon these two years, the third and fourth years' structure is built.

Applied anatomy begins to be woven into the general scheme of considering body structure, and well it may be, as no subject taught in the four years' course is of more practical value than that of applied anatomy.

There are a number of text books on this subject, and we are yet to have more texts written on applied anatomy by some of our osteopathic physicians.

The dissecting room has a fascination for a few, but is rather objectionable to a great many; but for the real student and prospective research worker the dissection room means but an advancement to a more thorough understanding of the human body and the mechanical phase which is so important to a physician.

No man can become a well-rounded physician without being familiar with all of the tissues and the arrangement of the organs in the various regions of the human machine; and a thorough comprehension of the body mechanism, as demonstrated in the dissecting room, leads the true student to a line of reasoning that will possibly never end, in that he has a desire to conduct postmortems later on and verify, or be able to contradict, statements made regarding diagnosis in antemortem days.

A real expert, working in any machine shop, or going over a machine that has once been built and perfected, must needs know every part of that machine, and not only its workings, but the peculiar sounds that are connected with the machine when in motion.

We, likewise, become familiar with the human body when diagnosing, by recognizing certain sounds through auscultation, palpation, and so forth, that connect up and refer back to the days we spent in the dissecting room, figuring out not only the arrangement of the organs, but their relationship to the various structures in the various cavities.

The study of neurology interests almost every student. It is absolutely essential to familiarize yourself with this particular branch, in order that you may more thoroughly understand what are referred to as impulses, in particular, and the effect upon the human mechanism through nerve instability, reflected, possibly, by a diseased organ, or certain tissues that are abnormal.

It is not always possible for a teacher instructing day by day to determine just which students are most likely to become the best practitioners when they enter the field; but, as a rule, the professor can tell by the interest shown, and by the questions asked, just which students are the most promising. However, there are a great many surprises in every school, and it often happens that the student of whom you expect least turns out to be the best known man. Sometimes the dreamy sort of chap, who apparently is not listening to what the instructor is saying, and who does not always answer with the greatest rapidity the questions fired at him, will turn out to be not only a successful practitioner, but a research worker. The peculiar formation of the human mind is such that a certain turn of the mind, so to speak, will bring out ideas not conceived of by other men.



The mind is so complex in its workings that should a student be inclined toward an inventive nature, and yet be studying therapeutics, he will, in all probability, be the very one who will give to the world new ideas regarding the functioning of various organs, or possibly something dealing with the chemistry of the body that has never been worked out before.

As a rule, students in the second year are very anxious to do a little treating. They think that "practice makes perfect," and that they should begin to manipulate or to adjust certain osseous tissues; and they are very apt to take instruction, on the side, from seniors, or possibly, juniors. It is better, as a rule, to follow the instruction of the professors, and not hasten into corrective measures until the instructor is satisfied that the student is sufficiently grounded in the basic principles of therapeutics to enable him to comprehend and apply with accuracy, such technic as will be described from time to time.

If I were to measure the value of a student, I believe it would be along the line of determining how keenly interested that student is regarding applied anatomy. This would also include applied physiology, if there be such a thing.

At this particular stage in the college course, we usually find some of the students putting two and two together and wondering just how many nerves there are in the human body; how many reflexes, and if it is possible to determine new reflexes; also, whether they will discover in pathology some new phase, or possibly, in some way, discover a new symptom or disease, and, by making the proper application, demonstrate at a later date some technic that will reach, through specific nerve centers, certain ailments that have practically been neglected in previous years.



All sorts of ideas go through the student's mind, and, strange to say, very few carry out, in after life the dreams or wishes they formulated when in the second year.

During the first year, everything was from an imaginary standpoint, as they had only basic principles or knowledge regarding anatomy, physiology, and so forth; but, in the second year, after having gone through all of the elementary subjects, you will find the students reasoning along a different line, and stating that some day they will do so and so, and that, in future years, they will, when they have time, write texts on certain subjects, or make a series of dissections that will prove so and so. All of this outline work, even though imaginary, to some extent, is of value to the student, and if he has sufficient will power and determination, he will work out some therapeutic truths and visualize to the extent that he will be of benefit to his fellow practitioners.

During the second year, the study of physiology will have become so fascinating that the autonomic system will begin to reveal itself, and the student will realize what the vasomotors mean, and what certain nerve centers signify, relative to the stimulation of the vasomotors controlling the blood vessels throughout the body. He will also realize that the circulation to the head, for instance, is regulated by nerve centers in the region of the upper thoracic; and that the impulses must pass through preganglionic fibers traversing the first thoracic ganglion, the lower, middle, and finally, the superior cervical ganglion, where postganglionic fibers are given off to control the vessels in the head. He will realize that this arrangement is quite different from that found in the control of the mesenteric vessels by the splanchnic nerves, and that the postganglionic arrangement in this area is quite different from that in the regulation of the

blood cephalad, as the preganglionic fibers are more or less continuous in their arrangement until a portion of the semilunar ganglion is reached, where the postganglionic fibers are given off to control the mesenteric vessels in the abdominal area.

He will also have found out that the spinal cord does not extend down the full length of the spine, and the reason for this peculiar arrangement will have been explained by the professor. He will also appreciate the fact that in order to control the blood vessels in the lower extremities he must consider specific nerve centers in the region of the lower thoracic, instead of the lower lumbar and sacral areas, although adjustment of the sacrum and innominates may be necessary in order to stabilize the spine and secure nerve tone sufficiently to re-establish the circulation in the feet.

Special instruction regarding osteopathic principles will have been given in the second year to enable the student to realize the osteopathic concept, as taught by Dr. A. T. Still, who worked out in detail the practice of osteopathy, after having made, possibly, more dissections and having studied human anatomy more carefully than any student that will ever go through an osteopathic college.



CHAPTER VI

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THE JUNIOR



## CHAPTER VI.

### THE JUNIOR

The keen and appreciative student at any college of osteopathy, who is not extremely handicapped from a financial standpoint, will associate himself with some practicing physician during the summer months. He may not receive any compensation for his services, but there are those practicing in the field who are perfectly willing to allow a student half way through college, to visit their offices, make observations, and possibly talk with them for an hour each day or evening. It should be a pleasure for any practitioner to extend this courtesy to a student, and if the student is sufficiently insistent, and yet ethical, he will have no difficulty in associating himself, during the summer months, with some practitioner.

Well do I remember the summer months spent under one of the older graduates, out in the state of Iowa. Case after case came under my observation. The doctor was very kind, indeed, to me. She had two offices, and allowed me to take charge of one of them, which made me feel that I was at least a doctor in the making. The result was that after the summer's experience I returned to Kirksville with a new vision, a new conception, and a greater determination to accomplish more in the last terms than ever before. Needless to say, I was in a better position to ask more intelligent questions of the various professors. The result was that the last year was of double value to me, and when I was graduated I felt as if I could go right out, take hold of a practice, (which I did) and make good. It gave me confidence and an insight into the way in which cases are handled in the field. By the way, there is quite a difference in these two

propositions, as we will discuss in the chapter on "Opening an Office."

We want here to give the student, who is now a junior, and referred to as "Doctor" by some of his classmates, an insight into the practical viewpoint on various subjects. We must admit that in all schools and colleges certain subjects are included for mental development alone. They have no particular practical side, other than developing in the mind greater reasoning powers. There are other subjects of most vital interest, and on which we do not receive sufficient instruction. This is no reflection upon the teachers. It is quite impossible in a school calendar to arrange subjects so that one subject will have precedence, or apparently greater value, over another subject. It is only after we have been handling cases in the field for some years that we can tell just what particular part of the course is of the greatest value to the student who is anxious to get out in the field and make good. "Making good" does not necessarily mean accomplishing great things in the way of having a tremendous practice. It refers more to specific osteopathy, and the results obtained in the shortest period of time. To me, the greatest practitioner is the one who can be the most specific and at the same time secure the best results. I believe this was the Old Doctor's idea when he made that famous remark: "Find it, fix it, and leave it alone," which should be emblazoned in gold upon the mental vision of every student and practitioner in the world.

We will not indicate specifically what subjects are of greatest import in the course, for fear that the students will neglect other subjects, but we will emphasize certain phases of certain subjects, and no one can be blamed when inferences are made by students.

There is no doubt in the world but that applied anatomy



is of the greatest value, and we regret exceedingly that we have not more books on this important subject. Dr. M. E. Clark did the osteopathic world great service when he published a book on applied anatomy years ago. It should have been revised every year since, and the entire edition should have been sold out each year. I like those doctors who buy the latest editions and do not say that because they have a certain book they don't need a revised edition. Even anatomies change, and they are still far from perfect. We have noted errors in the text and drawings of the best known anatomy in the world. There is one illustration that is incorrect to which attention has never been called. A new text on a particular gland in the body contains two errors obvious on casual observation, and we have not the heart to write the author referring to these two errors, for fear he will not appreciate it.

There will be a splendid revised applied anatomy one of these days, and I am not so sure but that there will be another applied anatomy, unusually illustrated and containing about eleven hundred pages, all from an osteopathic standpoint. There is a certain doctor in our profession who has been working on this for six years.

We have suggested in other chapters that the student make certain sketches from time to time, even though they be crude. These sketches should be made from an applied anatomy standpoint, and the field in that line is so vast that there is no limitation to it. There is not a single tissue, organ, or structure in the human body that cannot be referred to from an applied standpoint in almost as many ways as the alphabet can be arranged into words that make up a dictionary.

We often think the last word has been said in anatomy, as well as in therapeutics, but we will live to see a day when

we will look back to the present as the "kindergarten age." In time we must know the human mechanism from a standpoint that will give us a vision into its workings such that we can "put two and two together," so to speak, and size up a person not only by his posture, physiological spinal curves, unilateral symmetry, thermogenic findings, vasomotor insufficiencies, vascular irregularities, and lymphatic edematous areas, but also, putting the various parts together, we can make a mental picture from an applied anatomy viewpoint, that will enable us to see the entire mechanism from a real mechanical standpoint.

Likewise, we take the various subjects that are studied in the third year, and apply them to the clinic room, and the bedside. Most of all, we realize as we study each subject that when faced by our patients in the field, we must have sufficient confidence in our ability to read and interpret the various findings, that we will be masters of the situation.

The subjects included in the junior course are of a nature that broadens the student almost to the finishing point. Possibly some will be more interested in the specialties, and surgery will prove fascinating to a number. Eye, ear, nose and throat work appeals to a great many, as it is not difficult, and the student will feel that he can work a great deal in his own private office, surrounded by enamel and nickel ware, with a nurse in uniform, and everything in perfect readiness at all times. There are still others who will feel the call of the Old Doctor, and will long to see what they can do in the field by straight osteopathic manipulation. After all, osteopathy, in the true sense, as brought out by the Old Doctor, referred more to general than to special work. It is perfectly all right for those who like specialty work to drift off into those fields, and they need not dissociate osteopathy from their specialty, but to my mind those who are

to perpetuate the great science of osteopathy are those who will go out and enter into general practice. In other words, they will be able to go to the bedside of a fevered patient, and by a practical knowledge of human anatomy and by specifically applied treatment, from an osteopathic standpoint, reduce that fever without even one drop of medication. This will bring out self-reliance, confidence, and above all, the accumulated knowledge of the nervous mechanism from an applied standpoint that we have referred to so many times.

You will also have another test of your ability as a physician, when, by non-surgical methods, you will be able to prevent operations, restore the human body to normal conditions, re-establish internal secretions, and straighten out the muscular tangles through correction of osseous lesions that interfere so directly with the great nerve forces that radiate in all directions from these various specific points.

You will, likewise, be able to attend your obstetrical cases and, through osteopathic knowledge, prevent lacerations and puerperal fevers. Go down to Indianapolis and watch that obstetrical wizard who has, possibly, made more deliveries than any other osteopath in the world, or go out to the Golden Gate Coast and watch that woman who walks through the wards in the various hospitals and from an absolutely osteopathic standpoint, produces a smile on the mother's face, instead of a tear and line of worry.

"Try osteopathy first," is a motto I wish you would never get away from—and tell me this: How can an osteopathic physician develop self-reliance, confidence, and natural resourcefulness unless he is put to at least an occasional test?

It is the dependence upon a little morphia, sedative,

anodyne, analgesic, and an occasional operation, at least, that makes a physician feel so confident in himself, in that he has recourse to certain things that will give relief and not bring out the resourceful side or cause him too much worry. These are the things that make a physician naturally wonder why it is necessary to practice straight osteopathy when he can, by various methods, relieve himself of so much worry and thinking.

As we understand it, students come to osteopathic colleges because they are brave, strong, fearless, and feel within themselves that they are capable of undertaking tasks that can be accomplished very readily if they have the true osteopathic spirit, and if they are willing sufficiently to educate themselves that they will be able to stand the test when the crucial time comes.

After all, how can a man develop if he is not put to a crucial test? Why seek the lines of least resistance, when a real man should be absolutely fearless and sufficiently independent, as well as courageous, to follow out the course that should be given him as demonstrated by the Founder of our great Science, osteopathy.

It is good practice to write an occasional thesis or even a few statements regarding the subject under discussion. We will close this chapter with a little illustration of what a student might write in his junior year, just for a pastime in the evening, to satisfy himself that he is sufficiently posted on some points in anatomy to write it down. Try this out in your various subjects, and learn early to be able to dictate to a stenographer. If you are not financially handicapped, keep a stenographer busy two or three evenings of the week, dictating what you have in your mind, then read it over carefully, correcting it, and you will be surprised at how much you will learn, and what good training it will be for

you mentally, and how much more readily you will be able to think logically, regarding the various propositions that confront a physician.

This outline is not complete, but simply an indication of what a junior might write out to test himself as to his knowledge on certain subjects.

### **Ribs**

Four demi-facets, two synovial sacs, three ligaments, three bones and fibrocartilage are necessary to complete a typical costovertebral articulation at the costocentral point of attachment. The head of a rib is ridged, affording attachment for the intra-articular ligament that is also fixed to the intervertebral substance. This forms a partition between the two synovial sacs. The demi-facet on the vertebra above forms an articular cavity for the rounded surface, or facet, of the upper and inner surface of the head of the rib. Likewise the lower vertebral facet receives the lower rib surface. This articulation is neatly encompassed by a capsular ligament, and further strengthened by a stellate ligament. In front of the articulation, a portion of the thoracic autonomic nerve chain is found. We are now referring to the typical thoracic vertebrae and not to the exceptions.

These series of arthrodial joints are of particular interest to the osteopathic physician. It is hard to conceive of a rotated vertebra, or, at least, a mal-aligned one, in the thoracic region that would not involve the costovertebral articulation. The facets and demi-facets in particular are dependent for their normal positions upon perfect alignment of the spinal column.

A single lesioned vertebra, if such is possible to any degree of independent subluxation, disturbs the articular costal cavity, formed by facets in two bones apposed only



at their articular surfaces. The attachment of a rib to the transverse process of the vertebra containing the lower pedicle demi-facet gives us scope for reasoning out the mechanics involved in an articular cavity composed of parts of two edges of closely related vertebrae.

The exact amount of rib movement or deflection produced by a subluxated vertebra has not been worked out as yet, but research work by McConnell and others has demonstrated the disturbance registered within the softer tissues by these lesioned vertebrae.

A few interesting points for students may be worked out upon the dog. Carefully watching the effect upon the comparative stellate ligaments in subluxating a rib gives one an idea of tissue involvements in lesioned areas.

The tensivity of the superior stellate fibers in costal rotation in one direction, and the relaxation or corrugation of the inferior fibers, or vice versa, demonstrate the amount of possible autonomic deflection from a mechanical standpoint.

But we are more interested in the pathological involvement from a microscopic hemorrhagic standpoint. The distorting of the vertebral articular double demi-facet cavity by a vertebral subluxation or malpositioned articular relationship must occasion microscopical tissue conditions more or less perverted in nature.

The circulation to the region of the facets under discussion comes by way of the thoracic intercostals. These aortic branches passing back of the thoracic duct, esophagus, vena azygos, etc., on the right side, send branches not only to follow the costal grooves, but to enter the intervertebral foramina, and also the muscles, tissues, etc., around the articular surfaces, including the facets we are considering.

The synovial sacs referred to above, as well as those at

the transverse processes, are dependent upon the circulation for their membranous secretions. The vasomotor nerves controlling the blood vessels are dependent for tone upon the nerve tracts communicating with the spinal cord segments in the region giving off the white rami, the thoracic almost exclusively.

The integrity of the spinal column, therefore, must be absolute in order that no interference with motor impulses or sensory impressions be occasioned. We have yet to realize the full significance of the minutest of lesioned areas, muscular, ligamentous or osseous.

The lesioned rib with its disturbance to the sympathetic chain may be caused through traumatism or muscular contracture, and not necessarily involve the vertebral segments to any extent, but a lesioned rib, without a vertebral subluxation, changes the articular cavity for that rib, making one-half of the cavity, or one demi-facet, out of line with the other half on the adjacent vertebra.

The internal border of the costotransverse ligament bounds an opening through which the posterior branches of the intercostal vessels and nerves pass to supply the various tissues.

The rotation of a rib upon its axis may partially close this opening, or, at least, bring stress upon these branches. The effect may be slight, but may cause disturbance according to the degree of traction and the function of the nerve. The vascular interference may produce mild congestion. The venous effect will be more marked, because of the more ready compressibility of the veins. The nutrition, sensation, motion and vasomotor effect in this posterior region normally depends upon the lack of pressure along the course of these nerve filaments. The tone of these tissues will depend upon the freedom of the vascular branches.



The intercostal arteries and nerves passing in front of the costotransverse ligaments, and following the grooves of the ribs, are affected in a different manner. The subluxation of a rib may itself produce more or less direct interference, depending on the amount of costal rotation. The rotation of a rib sufficiently marked to disturb the stellate ligament, and push forward the sympathetic chain may cause organic derangement through the branches of this chain going to the viscera.

There is one more facet in this region not yet considered. The tubercle of each typical rib articulates with a facet on the transverse process of the vertebra. Like the costovertebral articulation, the capsular ligament at this point also encloses a synovial sac; one only at this point, two at the vertebral end.

The anterior, middle and posterior costotransverse ligaments make this articulation one with limited motion, yet a costal facet for the tubercle allows sufficient movement or gliding to accommodate the changed position of the rib when lesioned. The peculiar curve of a rib is well known to all, and the slightest variation at the head will make a correspondingly changed position at its tubercle attachment. The effect upon all muscles attached to the rib is more or less marked, and the pressure upon the vessels and nerve at its lower border are likewise interfered with.

Any costal rotation brings into play, and interferes with, all tissues, vessels and nerves in close proximity, and every costal subluxation changes at least two intercostal spaces. The one is lessened, the other is widened. As in vertebral lesions no single vertebra becomes lesioned without having its effect upon at least two additional vertebrae, so no rib can be rotated without disturbing at least two other ribs.

### **Intervertebral Discs**

There are twenty-three intervertebral discs. The first vertebra is not cushioned. The shape of the discs corresponds with the shape of the bodies of the vertebrae in the three regions. Their thickness varies with the normal spinal curve variations. Collectively, they form almost one fourth of the length of the spinal column, below the axis.

Their composition is fibrocartilaginous. Fibrous cartilage is a rare tissue in the human body. The discs contain the greatest collective amount.

The closely woven bundles, or layers, of white fiber make up the buffers that absorb shocks in accidents and strenuous exercises.

The softer interior of the discs provides some flexibility and the outer interwoven fiber gives strength to the spinal column. The spongy substance in the center is least disturbed in the curvatures, while the outer or denser layers resembling tendon tissue become flattened on their edges, where curvature produces the greatest amount of pressure.

While the discs are surrounded by blood vessels, yet we find as a rule no vessels, and never any nerves within their substance. Cellular fluid sustains their nutriment and regulates their growth.

Early curvature affects both the discs and the bodies of the vertebrae. This refers to curvature that has existed for a period of time in the spines of growing children. In later life the discs alone are disturbed, or distorted, when a reasonable scoliosis is present.

The shape of the discs in the cervical and lumbar regions is oval, and in the thoracic, circular. The large lumbar discs allow extensive motion in that region. The thickness of the discs is not uniform, especially in the cervical and

lumbar regions where their anterior portions are considerably thicker to preserve the normal curves. In the thoracic region we have two additional ligaments attached to each disc; the intra-articular, affording attachment to the heads of the ribs.

The smaller thoracic discs, while thinner than in the other regions, are better protected and stationed. They also help to form the articular cavities for the typical rib attachments.

If the largest discs found in the lumbar region contain small synovial cavities as Luschka says, we are reasonably sure that small blood vessels penetrate these discs.

The surfaces of each disc are adherent to the bodies of the vertebrae by hyaline cartilages. This is of interest in lesioned areas. Just how much rotation or subluxation is necessary to disturb their attachments is uncertain, but severely lesioned areas must tax the adherent portions. The flexibility of the spine is dependent partially upon the discs, and to some extent upon the ligaments common to all vertebrae.

The anterior and posterior common ligaments are closely adherent to the discs, and a lesioned area, if marked, will draw heavily upon these ligamentous fibers, as one may observe upon lesioning a specimen *in situ*.

The integrity of the spinal cord in accident may be sustained through perfectly formed discs. The discs not only form a portion of the anterior wall of the vertebral canal, containing the cord, but serve as preventives to concussion in accidents.

The malformation of discs during the developmental period endangers the cord in times of traumatism. The nutrition of the discs during the growing period, indirect as it may be, is an important factor in spinal development.

It is as necessary that the discs be uniformly developed as it is that the bodies of the vertebrae be normal.

Contraction of the musculature in the spinal region interferes with the proper development of the discs in youth. The thoracic and lumbar branches of the aorta as well as those in the cervical region supply the bodies of the vertebrae as well as the adjacent muscles and the contents of the vertebral canal. Lesioned areas will interfere decidedly with the formation of both surfaces of the vertebrae, and the intervening discs. Every vertebral body must be developed to just such an extent and every disc to a certain thickness, in order that the spine as a whole may present all of the normal curves. The necessity of thorough spinal relaxation in the growing child is obvious.

In Pott's disease the discs are partially, if not totally, destroyed. This makes a lowered resilience within the spinal column and necessitates the careful avoidance of traumatic injuries in preventing cord concussion.

Fortunately, a hunch-back is limited in his activities and the cord and nerves are thus protected from severe shock.

The malformation of the discs in severe scoliosis may be overcome to a great extent if the curvature is obliterated before the period of full development has been reached. Nature corrects the distorted discs as well as the slightly uneven body surfaces of the vertebrae, if not too late.

Spinal tone is dependent upon normal vascularization, both in the veins and arteries. The correction of all lesions, whether osseous or of the softer tissues, is imperative. Ossification in the vertebrae, fortunately, is slower than in any other osseous tissue, and we consequently have a greater opportunity to do corrective work.

The discs enter into the formation of the foramina through which the vessels, nerves, etc., pass. While the

presence of a vertebral lesion does not necessarily affect the size of the foramen, yet the maldevelopment of a disc may allow a certain amount of foraminal interference. The thinning of a disc, due to malnutrition and adjacent body unevenness, allows approximation of the bodies of adjacent vertebrae, and affects the foramen to a proportionate degree. If compressed discs are present the articulation suffers readjustment, and the ligaments likewise are either hypertensed or over-relaxed. The normality of articulation of any two spinal segments depends upon the regularity of the formation of the corresponding disc.

If it were possible for the discs only to become compressed or malformed, there would be a marked change in the axis of the vertebral column.

The discs make the spine retain its normal curves, yet we seldom see a disc altered in shape unless there is a proportionate vertebral disturbance.

A normal disc between two normal vertebrae means properly toned muscles and ligaments in that particular area unless they are contracted or interfered with temporarily. The continued presence of contracted muscles will tend to compress the discs and disturb the spinal ligaments.

CHAPTER VII



THE SENIOR





## CHAPTER VII.

### THE SENIOR

How far away the freshmen look to a senior! It seems like years have passed by since a senior had his first lesson in anatomy. He may have known at first only the number of bones in the body. He may also have had a short course in physiology in high school, and possibly he was sufficiently interested, as a young student, to go to the extreme limit of learning the names of the twelve cranial nerves. Any young man who will learn and remember the names of these nerves has a sporting chance of ten to one of becoming a doctor. As a rule, the word "pneumogastric," may be remembered, but "hypoglossal" and "spinal accessory" seem a little too much to remember, along with the others.

The senior is in the polishing process. He has covered almost every subject, at least the basic ones, and he now turns his attention to a grand finale. He has mastered each subject sufficiently to prove to the faculty that he is well enough posted to receive his degree at the end of the four years' course.

All kinds of ideas and plans surge through his mind. A part of the time is taken in dreaming about what he will do and where he will locate when he has been graduated. He pictures in his mind the establishment of a practice in some nice town or city, with a home on the hill, a limousine, every convenience, and a small family to start with. He also pictures himself as being able to handle a practice without any particular effort and, on merit, to attract a goodly number of patients and have these patients likewise bring others.

You will see seniors in the hallway at the noon hour, comparing notes as to the various prospective fields and their respective points of interest, and often the graduate doctor locates in an entirely different section from what he intended when he first entered college.

Too much time should not be spent in dreaming about days to come, as it may interfere with the final year's progress sufficiently to make one lose a part, at least, of what he really should have in order to be a well-rounded student.

There are a number of subjects that will be gone over in the senior year, that were dealt with from an elementary standpoint in previous years. There are also a number of new phases that will be of more than casual interest to a senior.

The last year is the most pleasant of all, in that you have the basic principles of the various subjects, and you have a clearer idea of what the work really should be. Sometimes it takes almost two years before the real osteopathic vision is clearly worked out. I have heard students, after being in college for months, say that after a certain lecture they really got, for the first time, the true osteopathic concept. It is quite different now, when osteopathy is better known, and teachers have a better way of presenting osteopathic principles and truths, when so many cases have been treated all over the world, and so many good results have been obtained, than it was years ago, when we were practically groping our way in a new science.

Anatomy, to a senior, seems comparatively easy. He has become familiar with the relationship of the various structures. He knows the innervation of all the muscles; the articulation of the body is quite familiar. He is also well-posted on the ossification of the various bone centers. Physiology to him is quite complete, in that he has been

trained to make observations regarding physiological activities in the human system. Pathological phases are likewise interesting, as he has been trained from the microscope to the clinic cases under observation, to discern and determine, and to reason from cause to effect, as to the progress of the various diseases under consideration.

He has passed a sufficient number of examinations to familiarize himself with the writing of answers to questions from a little broader viewpoint. He weaves in a bit of physiology, pathology, also symptomatology, in some of the answers to questions on anatomy, for instance. While he may be over-stepping the bounds to a certain extent, yet he feels contented in that he has familiarized himself with the subject from every standpoint.

He is a wise student who will continue to make rough sketches or drawings of the various anatomical parts. In this way, he will be able to master, to a great extent, the sympathetic nervous system. He will become familiar with the various ganglia. He will be able to write three or four pages on any one of the important ganglia. For instance, on the superior cervical ganglia, he will make notes something like this:

\* \* \*

Behind the carotid sheaths and opposite the 2nd and 3rd cervical vertebrae, lie two ganglia forming the uppermost part of the chain we refer to as the autonomic nervous system. Through these ganglia pass vasoconstrictor impulses to the arteries of the head and face. Were it possible to visualize the physiological mechanics and workings taking place, we would see a flood of impulses, originating in the upper thoracic region, passing by way of the anterior spinal nerves to and through the first thoracic ganglia, and upward through the middle cervical to the superior ganglia.

Here the preganglionic fibers terminate, to be extended as postganglionic fibers. The many nerve fibers that branch from the superior ganglia contain the vasomotor fibers that control the vascular tissues found in the head and face. These nerve fibers follow the course of the arteries mainly. Thus we find the cavernous and carotid plexuses in the head, and the pharyngeal plexus in the neck. The position of the superior cervical ganglia in relation to the cervical vertebrae is of interest from an applied anatomy standpoint. We are all familiar with the clinical import of spinal nerve interference, but with ganglionic disturbance we have a more indirect perversion.

Cervical subluxations, while causing tissue traction upon spinal nerves and vessels, cannot be said to exert a direct pressure upon the free ganglia suspended or stretched in front of the vertebrae. We must remember, however, that all spinal nerves are connected with ganglia of the autonomic system by gray rami, while the cervical nerves give no direct white rami to the cervical ganglia. Thus the problem is explained regarding the preganglionic fibers to the head passing through the ganglia from the upper thoracic, where the first white rami are given off.

This leads to a second proposition. The first referred to cervical lesions affecting the ganglia by way of the gray fibers, while this refers to thoracic lesions affecting the superior cervical ganglia by way of the white rami that convey the preganglionic fibers. A good example of this is the effect upon the ciliary muscles and iris when the nerve fibers in the ciliospinal nerve center are interfered with. A lesion at the second dorsal may not only affect the ciliary muscles, but cause ophthalmic vascular disturbance as well.

A third interference with the superior cervical ganglia may arise from disturbance with the middle cervical ganglia

or even the first thoracic. Any pressure along the course of the preganglionic fibers to the superior cervical ganglia will result in perversion. -

The superior cervical ganglia give off the superior cardiac nerves, which influence the cardiac muscles. Reflexly, cardiovascular disturbance varies arterial tension and affects vasomotor control.

The normal heart, with regular pulse rate within its arterial offshoots, allows normal vasomotor control, providing no interference with the vasomotor fibers exists.

The absence of lesions or contracted musculature ensures normal physiological action within the vasomotor mechanism. The superior cervical ganglia with their many branches, ascending, anterior, etc., if normal, allow perfect control of their vasoconstrictor fibers, which are in a state of tonic action. The presence of lesions causes immediate disturbance proportionate to the amount of interference with nerve fibers.

The normality of physiological impulses depends upon the entire absence of lesioned areas in the broadest sense.

It is a question whether a cervical lesion is of more importance in regard to a superior cervical ganglionic perversion than is an upper thoracic, but we know that the simple correction of a cervical lesion will not restore normal tone to the superior cervical ganglia if there exist thoracic lesions. We might carry the point still further and include systemic derangements, but we are confining ourselves as closely as possible to direct impingements and local lesions as immediate causative factors.

The communications existing between the superior cervical ganglia and certain cranial nerves (5th, 9th, 10th, 12th) enable us to secure control reflexly of many conditions that arise in the head and face.



The stimulation of certain cervical nerves and correction of cervical lesions influence salivary secretion, tic symptoms, neuralgic phases, glandular tone, etc. The adjustment of upper thoracic lesioned areas will influence not only the eyes but many of the tissues under vasomotor control. Epistaxis may be checked at a point as low as the second thoracic.

While it is a disputed point regarding the vasomotor supply of various cephalic vessels in the circle of Willis and beyond, yet we have proven clinically, at least, that the regulation of circulation cephalad may be almost perfectly controlled through the influence of manipulation in the regions mentioned. The arrangement of the circle of Willis with its double supply of vessels in the protected cervical transverse processes—the vertebrals—and the free vessels—the carotids—in front of the vertebrae and in close relation with the superior cervical ganglia, gives us an opportunity for regulating the encephalic circulation through the upper three or four ganglia. Osseous lesioned areas may disturb more or less directly the vertebral arteries, while muscular contracted tissues may influence the carotids.

Besides this more or less direct influence, we still have the central vasomotor influence which may be primary or secondary.

The brain centers originating the general vasomotor impulses may also be influenced through lesions in the cervical or upper dorsal regions.

Because of the connection of the superior cervical ganglia with the 9th and 10th cranial nerves, their function is affected according to the amount of lesion disturbance. The delicacy of the autonomic system renders it liable to variations, and the slightest stimulus may affect the peripheral fibers that are distributed through the head and face.

The superior cervical ganglia control the vast majority of cephalic vasomotor impulses and we must not expect normal conditions to exist unless we adjust every lesioned area, great or small.

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A little practice along this line, continued for a few years, will enable any student to present a subject in a way that will do himself justice.

How the days drag out! Graduation day seems far away at the beginning of the fourth year, and were it not for the various new subjects that are taken up in the last year, it might become more or less tedious.

A knowledge of the X-Ray is most satisfying. The lectures on medical jurisprudence are always appreciated, and differential diagnosis is a most important subject. Diagnosis, in any instance, under any heading, is of great value to any student or physician. The lectures on hygiene, public health, diet, are most valuable, but through it all, the senior should look forward to a day, not only of graduation, but one wherein he will have so acquired the habit of study and research that he will feel that it is only the beginning for a structure that will be builded upon the outline presented in the four years at college.

The greatest men who have ever practiced therapy of any kind, have done their most wonderful work after being in the field for some time, or by teaching after having been graduated. It takes experience to accomplish new things and work out new ideas, along therapeutic lines, and, after all, four years preparation in college is but the cornerstone of a foundation that should be well builded upon.





CHAPTER VIII



GRADUATION



## CHAPTER VIII.

### GRADUATION

Naturally a student entering college looks forward to graduation day with great anticipation. It seems like a long hard road when a student enters college and many a time during the college course he wonders whether he will ever be ready for graduation, and especially when studying some of the deeper subjects he feels as if he will never be able to pass on those subjects in the final examinations.

However, a goal is necessary in any race, and when graduation day comes those who take part are usually overjoyed and the feeling of satisfaction when handed a diploma is possibly unequalled by any sensation known during the college course.

It does not necessarily mean that the student is a capable physician because he has been graduated with honors. There are those who pass better in their subjects than any one else; there are also those who receive gold medals and class honors, but we have noted with great interest that some of the best physicians that have ever gone through college did not stand particularly high in their classes in the way of grade marks.

Well do I remember a young man from one of the Central States, in our class, who did not seem to pay any particular attention to the lectures and who never seemed to pass with any great credit marks in the final examinations, but this same doctor became one of the best known physicians in New York City. He seemed to have a natural tendency along the line of handling people; his patients have implicit confidence in him and he handles some of the most elite in that great city.

We cannot always judge as to who will become famous, when sitting in the benches at college. We never know what a man has in his mind. Also we never know the viewpoint or the vision that a young man has when he is listening to the lectures from day to day. There is such a thing as mental development along unusual lines if certain nerve tracts are put into use. Sometimes it is the instructor who brings out in certain students a peculiar mental phase that means everything to the student, although the professor is not aware of what is going on in the mind of one who is sitting under him for instruction.

Physicians, like artists, are born, seldom made. It is a peculiar profession and unless a young man is absolutely adapted to handling the sick and really has a liking for that particular work, it is almost useless for him to study any one of the branches of the therapeutic art.

Years ago I knew of a boy who dissected practically everything in the farmyard that he could get his hands on. His mother found him one day dissecting a chicken. He was sufficiently kind-hearted not to perform vivisection. This young man turned out to be one of the great surgeons in North America. He absolutely craved surgical work. His whole mind and thought were along the one line.

The older idea was for a parent with three boys to try to induce them to become either lawyers, doctors or ministers. Time has reversed the proposition and boys as a rule are allowed to choose their own calling. This is most fortunate. Even as it is, a great many physicians leave their work and go about other duties.

When old Dr. Still was alive it was his greatest delight to attend graduation exercises. Those of us who were fortunate enough to go through college when he was still the head of it, remember with great pride the time when he

handed us our diplomas, or stood on the platform and instructed the dean or some member of the faculty to hand them to us. He usually gave us a few words of good advice and usually those words stuck to us for many years. He gave us the impression, which was quite correct, that we should not expect to have perfect success when first entering into practice, and that we would find in a few years that we still had something to learn, and that we never would learn all there was to be known. At the same time he gave us great encouragement and told us that the basic principle regarding the management of a practice was to have confidence in yourself, and never forget that the body is a machine and that the Creator placed within that body all of the necessary requirements for perfect physiological functionings.

There is something most satisfying about receiving a diploma in that you feel that you have won the confidence of the faculty as well as those who have control of the institution, and you likewise feel that you have something to back you up when you open your office. About the first thing a young doctor does when fitting up his office is to hang his diploma in a conspicuous place where his patients and friends can see that he is duly qualified to enter into his work with proper backing.

There is something else about graduation that appeals to the one who has completed his course in a satisfactory manner, and that is the fact that he has been sufficiently studious, and has entertained a proper vision sufficient to enable him to comprehend the various teachings that have been presented to him from day to day during the college course. His mind is carried back by listening to the Class President's address, to those days when he first realized the significance of the healing art.

The first few months, he remembers, were befogged by various theories presented in the text books, and it took some time for a young man to clarify these in his mind, and appreciate the fact that it is possible through physiological stimulation or otherwise to control the various parts and organs of the human body. It is a happy day for a student when he realizes that he has a good idea of the great vasomotor system, and knows it is a physiological fact that certain nerve centers control the caliber of the blood vessels, and also regulate to a greater or less degree the functioning of the various organs. Possibly he will recall with the greatest of pride the days when pathology became clear to him, and that physiology may be turned into pathology by a perverted blood stream, therefore appreciating to the fullest extent the statement made by Dr. Still that the rule of the artery is supreme, and that at the very moment the general circulation is interfered with, that moment physiology becomes pathology.

Many things will pass through the mind on graduated day, but possibly the one that will stand out clearer than all others is the fact that when a student is graduated he is thrown on his own resources and will be responsible for the cases under his direction. There will be no professors or clinical advisers to assist you in the field. You may have access to fellow practitioners or you may be in a small place where you are the only one practicing, but the acute feeling experienced by the majority of graduates is that they are thrown out into the world to battle alone. Therefore, a student who has been a close observer, who day by day has taken a keen interest in the lectures presented to him, and who in the clinic room has observed minutely all kinds of symptoms, will feel when he establishes a practice of his own that he has had experience



before, and sufficient confidence in his ability to go ahead and handle the case or cases that are under his care.

For some time after graduation the young doctor is likely to write back to the school and especially to some one professor to whom he has taken a particular fancy, asking advice along certain lines. After a graduate is out for a few years, he drifts away from this habit and having had a great deal of experience through those years, he possibly feels that he is in a position to give advice to some of the other physicians who have not had equal experience. This method of assisting one another is of great value to the young practitioners in particular, and, as a rule, they appreciate it most highly.

Graduation is only the beginning of greater things, if the student is in reality a student. The doctor who fails to remain a student all of his life is the one who will never reach any great height, and the doctor who studies the most after graduation is the one who received a proper vision when going through college in that he realized that college work is only frame work and on that frame work the real structure should later on be built.



## CHAPTER IX

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# OPENING AN OFFICE



## CHAPTER IX.

### OPENING AN OFFICE

The majority of graduates want to open their own offices. They feel that they can do better practicing alone. There are a few, however, who would prefer taking a post-graduate course or specializing along some line, or even going in under some older practitioner for a year or two. This same idea exists in the business world. There are some men who go through business college, and receive all the training that another man does, yet they feel that they would like to work under some one and sometimes this is best.

The man with initiative and determination to accomplish great things along original lines almost invariably paddles his own canoe. We will, therefore, discuss in this chapter the physician who launches his barque and pushes out and away from shore.

We welcome the young practitioner. The field is great. There never will be too many practitioners in our day, although sometimes the undergraduates feel that the field is pretty well filled up. This is a great mistake. There is greater need at the present time for osteopaths than ever before. There are many towns where there is no practitioner and there are cities of half a million population where only a score of practitioners try to handle the work.

No line of work is overcrowded so far as high-class work is concerned. Not all inventions have yet been made, not all poems have yet been written and we have as yet to find an artist who will paint on canvas the real colorings that nature produces in a sunset.

No physician as yet has been able to make a complete diagnosis in a chronic invalid. The pathological findings in an autopsy never quite agree with the diagnosis given by the physician when the patient was still alive. No known method of diagnosis is as yet complete, and no two physicians absolutely coincide in their views and beliefs regarding anything from dietetic measures to the real existing nerve reflexes that take place in a systemic disturbance. A practitioner may feel that he has practically diagnosed a case and that he has verified his findings regarding specific lesions, and that he has tested all of the reflexes, made complete chemical urinalyses and recorded accurately various bacterial findings, but what physician living can state the absolute condition of certain areas in the ductless glands, for instance, without verifying them either by surgical exploration or later on by an autopsy?

So we find that there is great room for the young student to spend an hour or two each day in study, going over his various text books that he had just left in college and rearranging in his mind comparative propositions, first from a physiological standpoint, symptomatological and finally pathological. He will begin to realize that the nerve impulses that were so carefully considered in physiology are altered in systemic diseases where pathology reigns supreme.

We have referred in the previous chapter to the diploma hanging on the wall. Sometimes this diploma will look very fine indeed. Other days when confronted by clinic propositions, it will seem as if it means nothing.

After practising for almost a quarter of a century, I am going to take the liberty of giving a little advice along the line of establishing a new practice, and will first deal with the selection of an office.

Before locating in any place, it is well to visit that place

and satisfy yourself that you are willing to settle down and stay there until you have sufficiently established yourself, and won the hearts of the people by administering to them as a true physician does. After that you need not worry, as you will want to remain.

As a rule, the best location for an office is not in a residence, but in the downtown district. The rents may be a little higher, you may feel that you can economize by having an office in your house, but it will not be many months before you will realize that you have made a mistake, and you will feel that you want to move down town where you can be within reach of the business men and the shopping throngs. There is no doubt in my mind that the difference in rent is too minor a proposition even to consider. There are so many points of advantage in having an office down town in our line of work, that any other proposition should scarcely be considered. You should seek an office in a large central building.

It is a mistake for many reasons to have an office in a residence. You naturally want to get away from the place where you sleep and eat. From a psychological standpoint, it is refreshing to go downtown to your office, get your mail, handle your patients, make your outside calls and return home in the evening refreshed because it is a change.

There are many other points we might bring out regarding the disadvantage of having an office in your house. One that is worth while is that if you are practising in your residence, you are not as likely to be on hand to meet patients as if you were in an office down town away from home environment. There are always a number of things to do around a house and especially if you are not financially able to have a maid, you are liable to feel that you should assist in some of the household duties, and



the first thing you know you will be lifting something or helping to clean something in the house, and you will appear fussed and mussed when you should be concentrating on your work.

There is a thrill about spinning down to the office in the morning ready for a day's work, and entering as if you were sole proprietor—even if you are paying rent—and master of the situation in that it depends upon your skill and ability to handle successfully the cases that present themselves. Have regular office hours and stick to them. Get into the habit of going to your office a few minutes before it is time to commence your work. When you enter your office in the morning go into each of the treatment rooms, see that everything is in proper shape even though you may have one or more assistants, and even a graduate nurse. See for yourself that everything is arranged to your liking by going through the rooms before any patient enters. You accustom yourself to the room and feel when you enter to treat a patient that since you have been there before, you are familiar with conditions as they exist for that day.

Some doctors like a central room with a treatment table and a number of adjacent dressing rooms. In my own mind, I feel that the better arrangement is to have a number of treatment rooms, and again psychology enters in that going from one room to another I am facing different surroundings, and I find it more or less refreshing. Each room should invariably have a fan in it for all year round use. The corridor as well as private office should likewise have fans. The first thing I do in the morning is to start all the fans going, opening the windows, and it seems to put life into the place.

Possibly I should have been a mechanic and worked in

some great factory where the wheels are eternally buzzing during the working hours, but I find that the revolving wheel is symbolic of life, or better stated activity, and the first five or ten minutes in the morning a physician can tune himself for the day's work. You can picture in your mind the number of patients that will enter your door that day, the manner in which you will handle them, the interest that you will take in them and the results that you expect to get in each and every case. The results are the fascination of having new patients come in and if you have been practising for some time, former patients to drop in and cheer you up by telling you how much better they feel.

Years ago I remember an old doctor saying that the greatest pleasure in his life—the happiest moments—were those when some former patient would stop him on the street and say "Hello, Doc. you did me a world of good when I was under your care. I am feeling a thousand per cent. better." I have never forgotten the statement that old doctor made, and at the time I was not a physician. I wondered if the old doctor was sentimental, as it appeared to me that there were a great number of things that would interest a doctor more than to have a mere statement handed to him by some former wreck who had been under his care, but as the years go by, I realize that the doctor was right. Nothing, absolutely nothing, gives a doctor that peculiar thrill except such a statement made by a grateful patient.

Going back to our office work, the physician should be in such good physical trim when his patients enter, that he will appeal to them as one who knows a great deal about the human body because he himself radiates health and happiness and at the same time inspires confidence. You must be in perfect trim physically or your patients will observe it. If you have a bad cold and a little cough, they will certainly

mention it. If your hands are cold they will also mention it. You simply must radiate healthful thoughts backed up by a good physique if you expect your patients to have full confidence in you.

There was a time when a physician could look wise, say little and get away with it, but in this day and age when people are constantly reading, in the papers and magazines, articles that are almost absolutely technical, and when various physicians are writing along health lines, and discussing various symptoms and diseases from the douloureux to nephritis, we find that they are sufficiently posted to make good use of the interrogation point, and the physician absolutely must be posted on every line of his work, or the patient will lose confidence in him.

We will not dwell on the personal appearance of a doctor and refer to his mannerisms or peculiar habits, neither will we make any particular reference to the necessity of absolute cleanliness and ideas along the line of being well dressed and well groomed. No reference will be made to the wearing of spotless linen and the need of daily attention to the hands in particular, as no physician could go through college and not observe these details, but we will state frankly that there are those who have forgotten these minor points, and we have seen doctors wearing soiled linen. We have also seen rough hands, digital mourning, and lack of tonsorial care. We have often wondered what peculiar psychology those physicians harbored when after high school and a college course, they were so unthoughtful that they could not appreciate the fact that a physician above all men should keep himself in a spotless condition.

CHAPTER X

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THE PHYSICIAN  
HIMSELF



## CHAPTER X.

### THE PHYSICIAN HIMSELF

Allow me to address you today as I would talk to you in my own office if you asked me how I thought a young practitioner should prepare himself to handle a heavy practice. It is necessary to refer to my own methods in order that I may give you an idea of what I have found works out satisfactorily in a down town office.

I have had the experience of conducting a practice in my own residence. I have also had the experience of sharing an office with another doctor, and I am satisfied in my own mind that in the majority of cases, the only satisfactory method in the long run is to open up the best office possible in a large downtown building.

I may have peculiar ideas as to just how a physician should conduct himself and keep himself physically fit in order to handle a practice, and while I have made reference to handling a large practice, it is not necessary for every one to attempt this, and a great many will not want to handle too large a practice. However, after years of experience, you will possibly feel as I do, that a physician who does not handle more practice each year, get better results, give shorter treatments and at the same time understand his patients' conditions more minutely than the year previous, is not a progressive physician.

We will refer in this chapter in particular to the care a physician should take in keeping himself physically fit in order that he may conduct his practice in a manner satisfactory both to himself and his patient. Regardless of stature, weight, or anything along that line, you will find it a most



serious handicap if you do not have sufficient sleep and rest in order that you may feel keen and alert when you go to your office. There are some physicians who feel that in order to establish a practice in a new town or city they must develop the social side and be well thought of in the various clubs, churches, societies, and so forth. This may be perfectly proper in many instances, but I have always held the opinion that the doctor who is absolutely attending to his practice, and while not busy with patients is looking over reference books, and posting himself on certain diseases, is the man who will make the greatest progress in handling and developing a practice. Patients like to know that their doctor is keeping abreast with the times, that he takes all the latest magazines, that he is familiar with the latest discoveries along the lines of diagnosis and treatment and from an osteopathic standpoint the physician who is best posted on anatomy, especially applied anatomy, is the one who will have the best results.

There is no getting away from the fact that the work of the osteopath is a great deal more strenuous than that of the old school physician. We are called upon to give out a great deal of strength and energy, and unless we are physically fit, or at least keep ourselves in a condition where a patient will not take too much out of us, in plain speaking, we will not be able to handle many cases a day and get satisfactory results. Therefore I feel that if an osteopath is really desirous of accomplishing great things and really wants to have a large practice, he must make preparations for handling that practice.

It may be all right to drive your own car, but do not think of changing tires or overhauling your car, or doing anything that will in any way take too much energy out of you. Reserve your energy for your patients. There will



come certain days when, even though you are strong and physically fit, you will feel as if you have to work that day almost in a mechanical manner. You may be a bit depressed through some news you have received, or possibly a letter will disturb you—we are all more or less sensitive along certain lines—but by having a reserve amount of energy, you will find that you can get through the day very nicely, and by a little extra sleep and rest the next day you will be perfectly adjusted mentally and physically.

If you play golf, wear gloves, but do not attend to your furnace, carry out ashes or work in the garden. Reserve your physical strength and you will make much better headway. If driving a car makes you nervous and you reach your office in more or less of an agitated manner, you are in no condition to handle, for instance, a case of neurasthenia. Enter your office in the morning after having a good breakfast and if you smoke, a good Havana, feeling that you are perfectly capable of handling any number of patients that day; also that you are sufficiently clear minded to remember in detail what your patient has told you at a previous time, and with that buoyancy of spirit that should exist in a physician, take hold of your cases with confidence and without talking proceed to make your corrections, and make the patient realize that he is receiving the best of attention. This does not apply to the first two or three patients in the morning, but it applies to the patients that come in last in the afternoon. Have sufficient reserved energy to give your patient at 4:30 the same thorough specific treatment that you did at 9 o'clock in the morning.

Have your own private office where you can retreat occasionally and sit for a few moments collecting your thoughts, and feel that you are giving the patient the best attention that you possibly can give him.

In our chapter on free clinics we will refer to the matter of giving these cases the same thorough consideration that you do your best paid cases. Always give your patient the idea and be sincere about it, that his particular case is the star case, and assure him that you are going to bring him back to health in the quickest possible manner. This invariably holds good whether the patient is worth fortunes or is a clinic case. When people are sick, as a rule, they want to get well as quickly as possible, and the more speedy the recovery the greater the credit to you.

If you can make the correction that will bring about restoration in one specific treatment, do it, even though the patient may be able to take treatment for six months without feeling any financial strain. If you can create the impression honestly that you are virtually a magician at healing, you will find it invaluable because back of it all it will mean that you are a good diagnostician, that you understand human anatomy, that human nature is an open book to you, that you are capable of dealing with new cases without hesitation, and with the greatest of confidence. You will thus get the reputation of being one who gets his cases out in the quickest possible time.

This will not mean that you are slighting your patients in the way of diagnosis, as some may think. It will not mean that you are hurrying through with a case and giving short treatments, but it will create an impression in time that you know your work, and that you are perfectly capable of handling your cases in some way or other that brings about the best results.

It is as necessary for a physician to eat, as for any other person, and possibly more so, especially in our line of work where we have to feel the strain of handling many patients. Eat your meals regularly. Let your patients

know that your luncheon hour is at a certain time and that you will not see them until you return. Needless to say, it is necessary for a physician as well as his patient to eat something warm at each meal.

Likewise office hours are absolutely essential and must be respected. If your hours are from nine until five with intermission for luncheon, be sure that your last appointment is such that you will be through by five o'clock, and do not allow yourself, unless in an emergency case, to remain in your office after five o'clock. If you do, you will find that one half hour after five o'clock will take more out of you than the afternoon's work did. Respect your own feelings and your patients will act accordingly. After all it is a matter not of one day's practice, but day after day.

There are times in every physician's life when he feels as if he would like to exchange with the other man, and only by regular office hours and regular eating will it be possible for an osteopathic physician to hold up under the strain of a large practice and keep physically fit. It is possible to do this by regularity. If you will excuse a personal reference, I will say that in the last twelve years I have been confined to the house but one day, and this was due to catching cold by riding in a shower while going to an emergency case. It was impossible to seek protection and at the same time arrive at the destination where duty called me.

Day after day it is a pleasure to go to the office and treat those who come for help and feel at the same time as if through regular habits there is sufficient reserved energy to enable one to do justice to his patients as they are treated one by one.

There are times in every physician's practice when apparently everything seems to go wrong. There are also

times when we have a great number of cases on our hands that are serious in nature, and there are other times when we feel as if we are not getting the results that should be expected. The only thing to do in these instances is to do our best. It seems like a simple rule but it works, and if you continue to give your best service you will find in a few days' time that things will clear, your patients' conditions will change, and with the exception of one or two cases, everything will come out lovely.

I have found it a very good rule to be absolutely frank with patients, with very few exceptions, and tell them their true condition regardless of what it is, and I have no hesitancy whatever in not taking a case if I feel that there is something about the condition that warrants refusal. We cannot expect, even after years of practice, to understand every case, and wise is the doctor who states frankly that he would rather not take the case for certain reasons. You need not give these reasons. You will not be forced to give them, but your patient as a rule, will respect your statement and compliment you on your frank manner in making the statement.

The physician must be an optimist. He must have the disposition to look sufficiently far ahead that he will be able to encourage his patient, and justify himself in giving the encouragement in that he understands better than the patient, the real condition.

There are some people who believe that weather conditions have no effect upon them, that they should feel as well on a rainy day or before a storm as on a bright sunshiny day. Wise is the physician who will handle the situation without disturbing to any great extent the patient's reasonings.

There are also patients who may have psychic neurosis

or may be sufficiently temperamental to be agitated or disturbed by home environment or business conditions, and the all-round physician should likewise be able to handle this attitude of mind in a way that will assist the patient to overcome his disturbed condition and bring about a restoration of health regardless of the type of disease condition that may exist.

We are of the opinion, however, that in no mental case of any form from hysteria to dementia praecox will there be found an absence of specific osseous lesions. We have never as yet seen a case of hysteria for instance, that was not backed up by a perverted physiological activity in which some pressure or circulatory irregularity existed in some part of the human body. From an osteopathic standpoint we are supposed to consider a patient not only from a mental standpoint in which suggestion and instruction along physiological lines is sufficient, but we are supposed to examine the patient's framework, palpate the various organs and determine, if possible, a cause wherein pressure may exist in some form or other. People, as a rule, will not complain unless there is something to complain about. A perfectly well person rarely exists, it is true, and the majority of people have some complaint, but there is most often some hidden condition back of the complaint, that may lead to a neurotic condition or a disturbed mental state sooner or later.

In the great institution at Macon, Missouri, as well as one or two other similar institutions where for years osteopaths have handled mental cases, we have found out that these cases are restored to health after corrective work has been done as well as proper suggestion from a therapeutic standpoint, and sometimes in the very same cases that were not benefited in older institutions where corrective work was not a part of the treatment. The physician must be many-



sided, and each day will bring up different problems as no two cases are exactly the same, and the physician who handles a large practice is the one who is best posted on the various phases of diagnosis and treatment. Without a doubt, the greatest results have been obtained in the majority of instances by the application of the principles as taught and laid down by Dr. A. T. Still, founder of osteopathy.

## CHAPTER XI

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# MAKE A FRESH DIAGNOSIS EVERY DAY





## CHAPTER XI.

### MAKE A FRESH DIAGNOSIS EVERY DAY

Walk through a dense forest, stop at some vantage point and look through the thickly spaced trees, and you will have one viewpoint. Move forward six feet, look in apparently the same direction, and you will have another viewpoint.

Ninety-nine per cent is one point higher than ninety-eight per cent. Suppose we make a diagnosis one day, and we feel justified in saying that we have made an accurate diagnosis. The next day we vary our diagnosis slightly, according to some new subjective symptom that has presented itself, giving us a better insight into the case and adding at least one per cent to our total viewpoint.


It is not a bad idea in some cases to make what we have termed for years, a double examination. As a rule new cases, that is, chronic cases that come to us for the first time, usually select a day in which they feel the best, in order to present the best side to the doctor, and give the physician the impression that they are able to "come back," so to speak, and be restored very readily by his method of treatment. In order to checkmate this attitude upon the part of the patient, we quite often give a second examination before attempting to treat the person as a regular patient.

After the first examination, we select a second day, which may be the next day or two weeks hence. If, for any reason, the patient does not come on the day that we have selected, we surmise at least that he is again choosing a day on which he feels the very best.

It is humanly impossible for any physician of any school of therapy to make a one hundred per cent diagnosis

in any case. We may strive to that end, and there are some physicians who are very accurate, and who pride themselves on being fine diagnosticians, and, undoubtedly, they are almost specialists in that line, if such an expression might be applied to any physician making accurate diagnoses.

The X-ray will not reveal the condition of the finer tissues and cells, in that at the present stage it is at best merely a designator of shadows. We are therefore inclined to say that until it is possible to discover some method, if ever it can be discovered, that will give us a true insight into the physiological and particularly the pathological conditions of the tissues in all parts of the body, we will remain handicapped.

Some physicians find it quite difficult to diagnose between chicken-pox and small-pox, for instance, and this is mostly surface symptom diagnosing. Again, some physicians will dispute the cause of acne. Still others fail to appreciate the significance of sacs under the eyes. Thus we might go down the line of surface symptoms, as we may term them, from varicose veins to furuncles, and the man who would state absolutely that he is sufficiently posted to make an absolute diagnosis in any and all instances, is walking on dangerous ground. We thus see that the examination of today, also the diagnosis, may not be the same as that of tomorrow. We have not the same viewpoint any two days. We are supposed to know more each day than on the previous day. We are constantly learning something about the human body, and the keen, alert physician will never stop learning. The mind develops; our viewpoint changes, as we classify and re-arrange in our minds, certain symptoms that lead up to certain conditions that are practically never the same in any two cases. 

In no instance are there two cases absolutely parallel.

Getting down to a fine point, in no two cases are nerves ever affected to the same extent; or sections of the spinal cord ever involved in the same degree; or blockage of the circulation, or lymph flow, ever quite the same. The impulses are never the same rate in one person as in another. The autonomic reflexes differ according to the condition of the nerves, circulation and tissue tone. We may have a typical case of Bell's palsy. Yet no two cases have ever been absolutely the same in every detail. The final terminals of the nerves may be involved to a different degree in one instance than in another. The circulation to these nerves may be disturbed from a different standpoint. The instability of the nerve in its relation to the central nervous system, as well as its connection with other nerve fibers, is never quite the same in any two instances.

Thus we have, when it comes to diagnosing a case, a peculiar proposition, in that the human body is not only a machine, but a chemical laboratory, a pulsating collection of cells and tissues, controlled by certain nerve centers, where instability is realized according to certain principles in the way of stimulating forces, circulatory inequalities, and so forth.

No patient is in the same condition one day as on a previous day. The chemistry of the body changes. The internal secretions vary. The vasomotor tone is not constant. The reflexes act according to the central nerve control with its many indirect actions. The fluids in the body are not equalized according to the various regions on various occasions. One day there may be mild cephalic congestion. Another day, through over-exertion and fatigue, an excess of fluid may be found in the region of the ankles; and still another day there may be a tendency towards venous stasis in the mesenteric area.

The tension of the muscles is not the same on any two days. We are affected by draughts, exposures, torsions, exercises, excitement, dietetic indiscretions, mental depression, worry, overwork, or one of the many other phases that confront the majority of people.

There is a tendency in the physiological functionings of the human body to work in cycles. One day we may be depressed, for some practically unknown reason. This may be due to an interference with the metabolism of the body. Another day we may be exhilarated, also for some unknown reason, and express ourselves by saying that we never felt better. The next day, also, for some unknown reason, we may have an embolus lodge in a cerebral artery and produce the symptoms so well known subjectively and objectively. Apparently in perfect health one day, the next day a patient may come down with typhoid fever, or a child may develop mumps, measles, diphtheria, or other of the numerous infections.

Wherein, then, is it possible for a physician to be certain at any time, other than to state that along the line of general principles certain improvements should take place through certain measures, if there are no idiosyncrasies?

The art of diagnosing, and it is an art if absolutely correct, is given to but few men. The majority of physicians, while they may think they know how to diagnose, fail to discern certain symptoms and conditions that are existing, from a metabolic standpoint, within the human body.

No physician without making the tests can tell whether a patient is immune to vaccine virus or not. Neither can a physician tell with accuracy beforehand whether or not a certain given dosage will affect that person the same as another. We have as yet failed to recognize, previous to

testing, that peculiar physical condition known as immunity, and we have also yet to learn, without making certain tests, just how much a person can stand in the way of exercise or even manipulation and adjustment, without making the tests.

Thus, we find that we are as yet, after all of these years, only in the experimental stage, and that there is sufficient room for research work and diagnostic findings to keep our physicians busy for many years hence, developing certain phases that are yet not understood, by the majority of physicians at least.





## CHAPTER XII

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# "NOT THAT, BUT THIS"



## CHAPTER XII.

### "NOT THAT, BUT THIS"

On our golf links there is a man, fifty years of age, with a most commanding manner, with whom it is a pleasure to play, for you invariably learn something. His favorite expression is "Not that, but this." Should you lose a hole to him, he cheers you up by saying, at the next tee, when you are recalling your mistakes, "Not that, but this, Doctor," and you feel as if you are ready to start life anew.

Sometimes a single expression will change your viewpoint, and if it is of an optimistic nature, will produce exhilaration. Suppose we have had a case that has not responded as nicely as we would have liked; let us go to the next patient saying to ourselves "Not that, but this," and determine, in a most decided manner, to make the greatest possible restoration in the least possible time.

Seldom do we see a man who is so full of optimism, whose liver and spleen are of sufficient normality to produce constant and well-regulated tone in the body; but when we do find a man who is bubbling over with energy; who seems to live on the hill-tops; it is most refreshing, indeed.

Walking out of the dining room one day, I met a man with his wife and child, a little boy of six. The man was about five feet eleven, straight as an arrow, well dressed and you could see by his mental attitude that he was a constant source of inspiration to the boy, not to mention the happy smile on the face of the wife, who seemed to think that he was the only man in the world.

Alertness is one of the great essentials in this life. "Do it now" is the greatest single mental stimulant that we know

of. This book contains chapters on both of these subjects—"Alertness" and "Do it Now."

No man has ever held an important position, who has not felt at times that he was not accomplishing as much as he possibly might, and there are times in every man's life when he feels as if he needs the counsel and cheer of a good friend.

It is quite impossible to be so perfectly fit that we will feel each day of the year that we are absolutely capable of filling our positions. There are times when everything seems to go wrong; there are certain days that are dark days. In the financial world and the professional world, there are times when things seem almost to reach a crisis, and wise is the man who can so steady himself that he will live through the crisis and come out from the rapids into the calm, placid waters of logical reasoning.

"Each morning is a new beginning," as Ralph Waldo Trine wrote in his famous book years ago, when psychology was practically a novelty and when the occult was almost uncanny.

No man can rise in the morning prepared for a great day's work, not having made preparation the night before. It is well to keep your mental books at night; arrange your program for the following day, and on first wakening in the morning recall some special event that is to happen that day, or some particular piece of work that you have planned out that will be for the betterment of humanity. After all, we live a life of service. To serve is the greatest thing in this world, and that day is lost when at nightfall we have not, in some manner or other, influenced for good the life of some one person at least. We perhaps had in mind the accomplishment of some great piece of work. We may have figured on doing some particular research work, and through

stress of circumstances, peculiar environment, or financial stress, felt as if we were subdued and weighted down. No man has ever lived who has been absolutely free from grief, sorrow, or even pain. Disappointment comes even to those who have so fitted themselves in life that others feel that they have neither worry nor care.

In our college days we have possibly dreamed of a time when we would have so mastered our subjects that to make a diagnosis would be not only easy, but absolutely certain; but, strange to say, no two cases have ever been exact duplicates, and no two sets of symptoms have ever been exactly the same. The human machine varies, as far as symptoms are concerned, as strikingly as do the faces of any two comparative persons. Phrenologists state that no two heads have ever measured exactly the same; that no two brains have ever weighed exactly the same amount; and the mental capacity of no two great personages has ever tallied in every respect. We are individuals. We are made up of individual cells. Every cell in the living body is an animated piece of tissue. The capability of a cell has never been understood. The possibilities of tissues depend upon the great central nervous system that awakens them to the extent that they are not only nourished, but are forced to function according to the forces that exist in the body.

It is well to arrange in our minds early in life the exact condition of things; to realize the potentialities of the human organism; the peculiar maneuvering of the human brain; the wonderful actions and re-actions of the various nerve centers, and the capabilities of the reflexes. Were it possible for a man to be in the most perfect tone at any and all times, from a physical standpoint, and have a cerebrum that is capable of constant and continuous development to the extent that each day no derangement would exist, in the

way of counter forces, and were it possible for a man to have instructions and live in an environment wherein he would practically be at school all of his life, under teachers who were perfectly capable of instructing from a standpoint that would be not only analytical but judicial; we would find the human brain would reach a point of development that has never been known in the history of man.

The minute we stop learning, or feel that we have nothing to learn from our fellow beings, that moment we have mental stasis, if such a thing could exist. The person of receptive mind; the good listener; the man who feels that he can learn something from every human being with whom he comes in contact, is the man who will develop the most.

There should be no such thing as class rule, sets, or castes, but a feeling that each mind is distinctive in itself, and that every personage we meet contains in his brain, at some point, information that we do not possess. Let the other fellow talk. Be a good listener. Say little, unless called upon; and keep a mental poise, or balance, that will not necessarily reflect wisdom, but that will assure you that you are practically master of the situation, in that you are sufficiently open-minded to entertain the ideas and thoughts of all those who are walking the various paths of life.

It was never intended that we should agree with every person. It is quite as necessary for a variety of beliefs in all the various religions, political groups, therapies, and so forth, as it is for each individual to have his own peculiar characteristics. Let us welcome the situation; appreciate it; and arrange ourselves in such a manner that we will develop and retain individualistic viewpoints. It is a sign of lack of initiative to rely upon the judgment of another entirely. It is also a sign of weakness to be an imitator.

The brain should be considered a mental laboratory,



in which we work out various problems each day, and considering the brain from that standpoint, it should be a pleasure to work in this mental laboratory and see how much we can accomplish in a year's time.

Tucked away in the recesses of the brain, as well as in the great central nervous mechanism, are records, countless in number; impressions made from the sensitive retina, conveyed by the optic nerve and commissures, to areas of the brain that have a capacity for holding millions upon millions. Registered, also, in the areas of the brain, are sounds conveyed by the auditory nerve through that wonderful mechanism of the middle and internal ear, that, if properly filed and indexed, would fill, in our business methods of reasoning, a storehouse of such great magnitude that we could not secure sufficient clerks to do the filing. We have, within our cerebral cortex, the most wonderfully contracted piece of mechanism that was ever created by the hand of God. The capabilities of the human brain are beyond all comprehension. Were we to live a thousand years and retain our physical vitality, we could not begin to store, within this great mental warehouse, the records that could be made from day to day.

To be in perfect physical trim should make the possessor of the perfect organism a perfectly contented human being. The greatest asset that any man can have is perfect health. He does not always realize this, and he is not always capable of appreciating what perfect health means; but, as a working basis, a man with fair mental capacity and perfect health should linger long and dwell many years without showing the signs of old age.

When you become discouraged and feel as if you had lost your game, say to yourself, "Not that, but this!"





CHAPTER XIII



ALERTNESS



## CHAPTER XIII.

### ALERTNESS

Were it possible for me to believe in re-incarnation, and could I return again to this mundane sphere, for a change I believe I should like to come back as a squirrel.

For years we have had in our yard, black and gray squirrels. They come over from the park, which is only a block away. I have often fed these squirrels just to study one thing—alertness. Many a time I have watched them steal an ear of corn, carry it into the trees, and finally throw down the cob after eating away every kernel. It is well worth the value of the corn to watch their maneuverings.

We have always been taught that a cat is about as quick as any animal, but in the yard I have many a time observed a squirrel teasing a cat, and the utmost helplessness on the part of the cat in trying to catch the squirrel—up and down the tree, on all sides, up on the limbs, dropping to the ground, running up another tree, while the cat sat watching most intently, waiting for an opportunity to grab the squirrel.

Possibly the position of the squirrel's eyes has something to do with its alertness. We know that they have mandibles that are beyond all mental comprehension. We are familiar with hydraulic power, but the manner in which the squirrel twirls a nut, finds a peculiar soft area by dental palpation, opens this encrusted capsule containing meat, all in a moment's time, leads us to believe that we have something yet to learn.

Now, what application has a squirrel to a human being?

First of all, we have no school or training in which we are taught alertness. We are told, when children, to watch

out for autos passing, street cars gliding by, and all manner of moving vehicles. We are also taught to avoid this thing and that, but we are not sufficiently trained in alertness. We will stand talking on a street corner, with the wind blowing on the backs of our necks, when we know full well that we will suffer with a cold in two or three days' time.

We allow our teeth to become more or less decayed, and pyorrhea to take possession, when we know that, had proper treatment been applied, these various conditions might be avoided.

Unless deterred by a policeman, the majority of people will jay-walk across the corners. There seems to be a lack of alertness in all of our movements. People will slop along the street in a manner that makes it almost impossible for one who is in a hurry to make any progress; and without any warning people will turn at right angles and stop in front of a show window, and it is only by exercising the greatest of care that one avoids bumping into them. We do not believe necessarily in military training, but no one has ever instructed us how to move along in public places, especially on the busy street, in a manner that will prevent irritation on the part of our fellow men.

There are some people who believe that some particular accident will befall them at some time. They know that they will end by being killed in some peculiar manner. I know of one man who has the slight hallucination that possibly one of the greatest dangers to avoid is getting in and out of an elevator, and he never steps in or out without doing so on the bound. It would be almost impossible to catch him should the elevator slip, as he has trained himself to be so alert in that particular maneuver that he is sure of clearing himself either way in any instance.

That is very good training, indeed, but should we de-

velop our alertness in every respect we would find that we would accomplish a great deal more, and that we would be a great deal safer as far as accidents are concerned.

Going back to college days, alertness amounts to enthusiasm. Certain students will sit listening with the greatest of eagerness to every word that the professor has to say. They will take notes; make references; and in every possible manner post themselves on each subject sufficiently to master it, as far as that is possible in college days, and come out with the best of marks when graduating.

While this first step is very commendable, it must be followed up by alertness in business. The osteopath who goes to his office to meet his appointments in a half-hearted manner, with cold hands and careless dress, sometimes not sufficiently nourished, will lose just that much in his practice, as everything works in ratio and proportion in almost every instance. I have been treated by osteopaths, who were in no physical condition themselves, and upon thorough investigation, have found that they were not living up to a standard, in the way of taking care of themselves, that would keep them physically fit, so that their patients would feel that they were examples of their work.

Enthusiasm and alertness are not synonymous, but go very well hand in hand, and the man who is absolutely enthusiastic in his work will be more likely to be alert than the man who is jogging along from day to day, just putting in time.

It makes the heart glad to see a person so alert that when you speak to him he catches everything you say and is, apparently, eager for more. We can train ourselves to become so alert that we will be interesting to the other person, in that we are good listeners.

From a diagnostic standpoint, we reach the climax of

the value of alertness in sizing up our patient, so to speak, and noting as rapidly as possible all the various objective symptoms, and correlating them in such a manner that we feel that we have a good understanding of the patient from all standpoints before we have finished our examination and given our diagnosis. The manner in which a patient walks, talks, listens to what you are saying; the condition of his skin; the cold and warm areas over the body; the way his feet and hands hang when sitting or walking; the way he sits down; the way he gets up; the way he holds his head and his chest; all of these little things put together mean everything to an observant physician.

Some doctors think that to make a great impression on a patient they must tell him that they don't care to know what his symptoms are, or what any one else's opinion is, but that they will make their own diagnosis. I am of the opinion that it is just as well to listen a little bit to what the patient tells you. You need not let on that you are giving it any particular weight, but just listen a bit while you are working away and making your own examination. You may be surprised to find that there are certain things a patient knows that you never could find out, even if you are psychically inclined, and sometimes a hint or suggestion dropped by a patient, whose experience from a subjective standpoint has undoubtedly been greater than yours, who have observed him simply from an objective standpoint, may be most timely and of value to you. It is not necessary to sit down and let the patient talk to you for ten, fifteen, or twenty minutes, in a roundabout manner, but listen in a bit while you are considering the case and add that knowledge to your own, and you will be benefited thereby.

There is also a great advantage in being alert along



another line, and that is remembering what the patient has told you and what you found at the time of first examination. There are many patients who will recall certain statements you have made, and who may even remind you that you said "so and so." Alertness alone will assist you in bringing back from your memory's storehouse these various points of interest, which may mean either keeping or losing your patient.

For some reason or other, a physician is supposed to be a walking encyclopedia along therapeutical lines. No organic disturbance or name given to any particular disease is, in the mind of the patient, sufficient reason for his physician not being posted on it. They love to quote some term that has been given to some disease, possibly of a neighbor, or even to their own condition, by some specialist, who has made a previous examination, just to see if you understand what is meant by that particular diagnosis or terminology. The physician who reads various journals, keeps himself posted from day to day, and, most of all, studies anatomy sufficiently to remember details, is the man who will shine in case of an emergency.

Just the other day I heard a hearty discussion among three doctors, regarding an X-ray plate, as to which was the radius and which was the ulna. They were all well-posted doctors, but in the stress of emergency and excitement, with the patient waiting to have the bone set, the discussion arose as to which bone was broken. Eventually, Gray's anatomy was brought out to decide who was correct.

Alertness in the study of anatomy will associate ideas and relationships to such an extent that you will seldom be caught in case of an emergency; that you will be able to make statements and stand by them, and be found correct when the true test is applied.

Alertness will bring to you a good physical condition, in that alertness is associated with better vasomotor tone; clearer thinking, from a mental standpoint; also better co-ordination in the great central nervous mechanism.

## CHAPTER XIV

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### "DO IT NOW"



## CHAPTER XIV.

### “DO IT NOW”

Slogans are invaluable. Laconic expressions have won battles, when emphasized by the right man.

The best illustration that I can give of specific osteopathy is that of a good horseman, with tight reins, getting the most out of his steed. Whether a horse understands psychology or not, I believe there is possibly no more knowing animal than the horse, and about the best test of horsemanship is demonstrated when a man or woman takes hold of the reins.

Now, the osteopathic application is this: The confidence that a doctor has in his own ability, backed up by a knowledge of anatomy, physiology, pathology, and so forth, is the keynote of his success. Included in this proposition is accurate diagnosis, founded on a knowledge of the basic principles of the subjects that we have referred to above. A patient knows in an instant whether the physician has a clear understanding of his case in his mind, and the moment a physician hesitates, or looks puzzled, that moment a patient loses his confidence in his physician, just the same as a horse will knowingly “act up” or possibly run away with the rider who has not sufficient confidence in handling or driving.

Well do I remember when the expression “Do It Now” came out in the papers. There are all kinds of applications, and perverted ideas may have arisen from this short slogan, in that a robber, thug or criminal might make application of the motto, but for a man or woman with a sound mind and a sound body, I know of no single motto that is of more significance. It applies to a physician in his work in every

phase, except the surgical. Any case that is surgical should be considered osteopathically first. "Try Osteopathy First" is a motto we have used for some time.

In handling clinic cases, where corrections are to be made, we do not wait to relax muscles, but immediately proceed to make corrections, and the more rapidly we make the corrections, the better the results. If there are three or four lumbar lesions, or even a lower thoracic, and the child has infantile paralysis and withering of one or both legs, we at once commence adjustment in these chronic cases, stimulate the vasomotors, and increase the nerve impulses that control the circulation down the limbs. No massage or muscle technic will have any particular effect. We must hold a tight rein. We must "do it now." We must get results as quickly as possible. The nerve centers that are not properly supplied with blood, and drained by veins and lymph channels, will sooner or later become so affected that they will lose their connection with the great central nervous system, that formerly, in normal conditions, held a tight rein over them.

The same proposition holds throughout the entire body. The central nervous system controls the reins to every muscle and organ throughout the entire body, and when lesions exist, certain nerve centers are cut off, so to speak, in that they lack a normal impulse function. We must so adjust the human body that the circulation will be restored, the nerve cells again resume a normal condition, and the afferents and efferents handle the situation as formerly.

Again, we have a demonstration of a tight rein in the vasomotors that control the circulation throughout the entire body, singly and collectively. There are certain specific vasomotor centers; there are also general vasomotor centers. It is more like driving horses in tandem, in that

all of the reins must be tense and each horse feel the thrill of the tension of the driver who holds the reins in his hands. It is this peculiar normal tension throughout the entire body that gives tone to the muscles, ligaments and organs, and regulates the circulation. Lack of tone, or a loosening of the reins, will not only mean vascular disorders, venous stasis, ptotic conditions, and lymphatic blockage, but there will also be a loss of muscle tone and of general nerve tone, bringing about lassitude and a chain of symptoms that follow a system which has lost its general tone.

The expression "Do It Now" is a stimulus, and is of great value to an osteopath in his treatment rooms. Instead of standing and talking to a patient, take hold of him, make your corrections, and let him know that you are there for business; that you are anxious for his speedy recovery; that you are also anxious to know his subjective symptoms, as well as the objective symptoms; that you do not intend to leave a stone unturned in bringing about recovery that will make him almost equal to what he was before the accident, injury, or dietetic error that brought about the functional and organic disturbances.

There seems to be so much hesitancy in the world. It takes us so long to get down to business. We ask a man for an interview; we spend sufficient time in approaching the subject to have expressed ourselves in a frank manner and received a reply.

We waste time on the telephone when we should train ourselves to express ourselves in a way that would correspond with records that are made, where each word, sentence and paragraph is thoroughly considered before being given out for recording.

"Do It Now" seems to be synonymous with Doctor Still's famous expression "Find It, Fix It, and Leave It



Alone." There are those who think that Dr. Still was possibly too specific, or that he did not intend that his disciples should practice his principles and treat in the same way that he did, but I am of the opinion that nothing would please the Old Doctor more than for each student so thoroughly to have mastered the subject of osteopathy, that every diagnosis would be founded upon such a knowledge of applied anatomy as comes only through the deepest study and research. It was comparatively easy, in the last few years, for Dr. A. T. Still to make a diagnosis almost in an instant, but remember that back through all the years, he spent unnumbered hours working up to a point where the body was to him like a machine, all of whose parts were thoroughly understood.

Some of our men are good students; others do not spend very much time in a year going over their texts. When they once get through college, they feel that the next thing in life is to make a living and save up money, or rather, save up for those who come along and want them to invest. There are few osteopaths who could not have almost everything they desire if they would lock the door to speculators and agents of all kinds.

Act on this advice. Do it now and see how it works, but be sure that you do it now and get the good out of it. It will stimulate your vasomotors, tone your thermogenic centers and increase the impulses coming from a nerve with unusual functioning branches, possibly more numerous than any physician has ever comprehended—the pneumogastric. Let us be greater students of applied subjects. "Do It Now."

CHAPTER XV

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AIR CASTLES



## CHAPTER XV.

### AIR CASTLES

Every year we receive a number of letters from various parts of the country, in which confidential matter is discussed, usually referring to some "air castle," which, if materialized, would be a wonderful proposition. In a majority of the instances, I could readily state that they are practical, and could be developed to such an extent that they would be for the betterment of humanity.

Almost invariably these well-thought-out schemes and mentally conceived "air castles" fail to be erected from a substantial standpoint. Whether any idea is lost in this world, or whether some one else picks up the same idea, in some telepathic way, and carries it on to a perfect conclusion, we are not able to say. But I am strongly of the opinion that thoughts create vibrations, that thought waves are never lost, and that the more stable the thought, that is, the more practical, the better it will carry, in that the vibrations will be more perfect. We have all had experiences of a telepathic nature. I have never yet seen a person who has not, supposedly at least, influenced the mind of some distant friend or relative. These things are common, every day, occurrences. But when a man with supposedly sound judgment works out a scheme whereby humanity may be benefited, and, for some lack of judgment or ripe experience, fails to carry out his idea to a conclusive end, we are at a loss to know whether it is the fault of the person, or whether it is some congenital error, or hereditary diathesis that interferes with the workings of the great central nervous system that is supposed so to harmonize ideas and thoughts that in the perfect correlation and co-ordination there will

come out a logical reasoning, founded upon a safe and sound hypothesis.

True it is that some minds are of an inventive turn—some men are geniuses by birth—but with the great mental capacity possessed by every sane man, it boils down to a point of concentration and systematic, conclusive, mental exercise, whereby a person will follow through, analytically and logically, any new thought or line of reasoning that, apparently at least, has a different turn to it than any expression that has heretofore been given.

The same point applies to research work. We have referred to students going through college, wherein they were absolutely positive that at some future date they would do research work along a certain line that would startle the world. So confident are they in college even at the present time, that the world will be better in a great many respects for their having lived, and that therapy will have broadened to some extent at least by their research findings, that it is almost beyond a question of doubt with them; but as they reach a point in their studies where they find that the great world of humanity is but a seething mass of thoughts, emanating from minds that throw out and reflect ideas from almost every conceivable angle, they become alarmed and wonder if some one else has not thought of that same idea before. This throws them off their track, and their giving up is absolutely wrong.

Take up your work, build your "air castles," carry them through, even if some one else has done the same thing, and nine times out of ten you will find that in the process of mental development you will have reached some phase or stage in the game that is utterly different from that of any other person's reasonings. It is impossible for any two human intellects to handle the same ideas and express them in absolutely the same manner.

In order to make a success in any line of work we absolutely must have enthusiasm. Oftentimes a person is accused of being over-exhilarated, or carrying on to the extreme, but when it comes down to a fine point, is it not true that this same order of enthusiasm carries a thing over in almost every instance?

Osteopathically, we are taught that we should exaggerate the lesion in order to make normal articular restoration. However true this may be, I find that the man or woman who puts his or her whole spirit and energy into any particular line of work, as long as it is along the right line, is the man or woman who will command attention and accomplish things.

It is absolutely essential in the advertising line to write more or less startling advertisements, in order to attract the attention of people. Any ordinary advertisement, or any poorly-written advertisement, will never catch the eye of the person who rustles through the leaves of a magazine today. It has been stated that Gladstone always looked through the advertising section of American magazines first of all. He intimated that the brains of the country, in the line of advertisement writers, had so epitomized and summarized in a concentrated form the ideas that they wished to put across, that it was a pleasure to read their productions.

One of the best practices a business man could possibly have, in the way of mental training along the line of elimination of superfluous adjectives and other words, is to spend a year or two in the department where telegrams, letters, cablegrams, daygrams, and radiograms are issued. In a year's time he will find out just what words he can leave out without altering to any extent the meaning of a sentence or paragraph.

The most interesting lectures I ever heard were given in Denver twenty-four years ago, by a man who stood on the platform in a theater each Sunday morning and talked on subjects from a popular standpoint. Those who heard him agreed that he was the most concise, laconic, and specific sentence framer that ever spoke on an American platform. His lecture on "Books" was a classic, written like a telegram—every word eliminated that was not necessary in the make-up of the scaffold that held up his great idea.

Dream your dreams; work out original ideas; but never let them drop until you have conclusively demonstrated to yourself that you are on either the right or the wrong track, and if on the right track, never give up until you have builded well upon a mental picture; until you have builded well upon what was once only a vision or a dream.



CHAPTER XVI

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GETTING THE  
PRACTICAL VISION



## CHAPTER XVI.

### GETTING THE PRACTICAL VISION

Some might say that they would not care to live the life of an Edison, as he does not accept invitations to banquets which are given in his honor, and confines himself almost entirely to his laboratory, even on his birthdays. But we find that in order to accomplish anything great in this world we must give our particular work the greatest of attention.

Some one visiting Europe, standing by the tomb of Napoleon Bonaparte, paused for a moment and said to a friend, "How still he lies!" His mind had been wandering back over the history of this great man and his many activities; the early hours at which he arose in order to do real thinking and strategic planning, and when he summed up all of his review of that great and active man, he made the remark just quoted.

Although handicapped physically, there are those who have accomplished great things. It is impossible for every one to feel as active as the darkey fleeing from a supposed ghost, and exclaiming when a rabbit started in the trail ahead of him, "Get out of my way, so that I can run faster." We read so much nowadays about getting the vision. There are those who know what vision really is, and there are those who will never know. Dr. A. T. Still had a vision which was practical in nature and we are profiting by it. There are millions who go down without ever being known. We are all endowed with minds and we develop such a small part of our grey matter that the great majority of brain cells remain inactive, even when we pass away at a goodly age.

We find osteopaths who have been practicing a decade, and who have never made themselves known in any manner outside of their local communities. We also have osteopaths who have been practicing two decades, and who have never contributed anything in particular to their science and who have never worked out any new ideas in the way of developing the greatest science that has ever been discovered along therapeutical lines.

We know of osteopaths who have been practicing twenty years or more who are not treating any more patients at the present time than they did ten or fifteen years ago, and they are giving the same length of treatment, or even longer, than they did many years ago. They are still without typewriters in their offices; they are still writing longhand letters, and very few at that. The same text books that they had at school are still on their shelves; no new editions have appeared on certain subjects, and very few osteopathic books are to be seen. They write no articles for our magazines; they prepare no papers or addresses for our conventions; they simply drift along, devoting their entire time to their work, and the preparation for a rainy day. They do not know what it means to study two or three hours a day, on the average; they do not know what it means to do research work, or to keep in touch with the various subjects common to all schools; they hold no clinics—they are practically “dead numbers.”

On the other hand, we have in our profession men who go out to practice; men who are full of good ideas; become active in the various osteopathic societies; give new thoughts and ideas; do research work; improve upon their methods of treating, and are of great benefit to the profession as a whole in many ways.

There is no osteopath living who cannot make himself

more or less famous if he will but concentrate on some one phase of our work—do research work, and develop certain lines of thought—and present it in a way that would be appreciated and of value to the profession as a whole.

We are endowed with brains, and we should use them. We are going to feel the need of greater activity very shortly; in fact, we are feeling it just now. We are lying down on the job to the extent that rival schools, although of lower type, are outnumbering us, in many instances, and unless we get the proper vision and become wide awake, we are going to find that within a few years we have lost the pearl of great price.

We will consider free clinics for a few minutes, and will prove that a free clinic is of greater value to you, in more ways than one, than you have ever dreamed of. Since we established our clinic six years ago we have been more active and have found occasion to do a greater amount of work, both in general practice and in contributing along various lines to the profession, of articles, drawings and research work, than we ever had done before. While we treat as many as forty at one clinic meeting, we find that it does not take any of our strength, but gives us a thrill and puts us in the best condition to carry on our regular work for the remainder of the day. It is very easy to treat forty clinics in one hour and twenty minutes. We can demonstrate at any time, and it can be done by others. It is also possible to treat as many as eighty-six patients a day, and not be too greatly fatigued.

After all, it is the vision that counts, and the thrill that goes with your work. Back of this is a great love for your work, based upon most careful and continuous study of the human body in all of its various phases.

We have received from the profession, a few replies to

letters in which we have asked the doctors to establish clinics, with answers along this line: "We have our regular practice; it takes all of our time, and we have not sufficient strength to conduct clinics as well." Evidently these doctors, although endowed with good minds and capable of conducting good practices, are so self-centered that they are devoting their entire time and attention to work that will put them in good shape for a rainy day. Why not think of the poor unfortunates who have not the mentality that these doctors have, who are struggling along, handicapped by physical disabilities, and who will possibly never know what it is to be in a position where they will be able to make more than a bare living?

To me the greatest pleasure in life is my clinic. I enjoy every minute of it, and it is no trouble for me to arise in the morning at six, or before, and be in readiness for the clinic, which commences about eight o'clock. It is a pleasure, indeed, to see the little ones congregate and look up to us for strength and health. It is a thrilling experience, and by the time the clinic is over, we feel as if we could conquer the whole world. In the first place, we must have love for the children and a desire to do them good, and it is possible to receive additional strength when we are doing good and when we are putting our whole soul into our work.

Regarding regular practice, it is also the same proposition. We must have a vision that is greater than that entertained by the majority; we must figure out on each morning we start our work in a large city that there are at least five thousand persons that day who should require our services, and the few we treat are only a small percentage of the great number who really need treatment. With this little vision in mind, we go about our work joyfully, and treat as many as we possibly can, realizing that the majority



of the suffering people can not be handled because there are not osteopaths enough. It is a matter of enthusiasm which may be included with vision, and no osteopath should go into his office in the morning feeling dull or tired. We are called upon for greater mental activity than any doctor in any other school. We are asked questions that are not asked those doctors whose habits are to "look wise and keep silent." We are out to educate the world along osteopathic lines; we are ready to give advice and to answer questions.

In order to prepare oneself for a good day's work, one must have a proper amount of sleep, that is, regular sleep. If you really want to have a large practice you must do a little sacrificing along the lines of pleasure. You must get to bed early and keep yourself perfectly fit, so that your mind will be active, and that you will remember each patient's symptoms, that you will be quick in comprehending a patient's trouble, and be ready to give proper diagnosis. This calls for extreme mental alertness and physical fitness, but all this may be easily acquired if we are more anxious to have it than anything else. We may have to forego euchre parties, dances, and entertainments of various kinds, as well as social functions, but is it not worth it? The few years that we are in active practice we should devote our entire time and energy to the one thing. So many of our osteopaths think that the social side will be of great advantage to them, and we have a few osteopaths who pride themselves upon their personality to the extent that they claim they can hold a practice from that standpoint better than from that of study and research work.

Now, it is a question as to whether you really want to do more work, better work, and have better technic; and if you do, we will tell you in a few sentences how to go about



it. At least, I am one of the kind who try to practice what they preach, and those who have visited me will say that I do not make statements which cannot be demonstrated at any time or upon any occasion. My wife tells me that she has never known or heard of any one who has devoted more time, since she has known me, which is twenty-three years, than I have in study and research work. Fortunately she is of a nature that makes it a pleasure to work, as she is perfectly willing to forego the various social stunts in order that I may carry out the work which I am trying to do. Although studying on the average of three hours almost every day in the year, outside of holidays, I find that I am still behind in keeping in perfect touch with all of the various phases of our work, but I also find that this constant study and time put into keeping posted, has been the very thing that has made me active in my work and served as a stimulus for greater achievement along the line of office work.

You must go to your office in the morning very fresh; you must be ready to give the first patient as much attention as the second, and you must also be as fresh at the end of the day as you are when you start in the morning. This calls for reserve energy and a buoyancy of spirit and a lightness of heart, as our work in a way is depressing unless we keep overstocked with strength and energy. We have purposely kept away from entering into the specialties for the reason that we believe that some one must remain active in the general practice in each locality, in order that osteopathy may be perpetuated. After all, it is the general practitioner who is going to perpetuate osteopathy. The specialists have entered a field wherein they are not, technically speaking, looked up to as practitioners of osteopathy. Did you ever think of that? While we do not blame them for entering the field of specialists for several reasons, we do state that

osteopathy will be perpetuated almost entirely by those who are remaining in general practice. So, you who are in general practice are really the standard bearers of osteopathy.

It will not hurt you to study a little psychology, or to read books like those that are published at the present time giving one a course along the line of mental training—books on Power, Master Keys, and brochures that are printed along psychological lines. I have found them a most wonderful benefit to me. We must realize that we are human dynamos, and that we have energy within us, if properly stirred through mental activity, to accomplish almost anything which we may desire. If we do not feel at the end of a year that we are better posted, are better physicians, and have better technic, and can handle patients more skillfully, than the year previous, we are not accomplishing what we should, and we are not living up to the viewpoint we thought we had when we talked about vision. An osteopath who treats only ten or twelve a day lacks system. He has time to burn; he is not giving himself proper credit. The man who treats twenty a day is not doing half what he should do; he also has time that he is wasting. The man who treats forty a day still has abundance of time. It is all a matter of system, and a matter of knowing how to do things.

Dr. Reid's course on "Personal Efficiency," I understand, is great. I enjoy reading his articles and I know of many who have been wonderfully benefited by them. Years ago he was a partner of mine, when we practiced in Worcester, Mass., but in those days we did not treat the number that we do at the present time, and specialties were practically unknown. Allow me to be a bit personal when I answer a few questions. By the way, I have a very heavy mail, and my average correspondence is twenty letters a day.

This necessitates, of course, a dictaphone, into which I talk in the evenings, after studying for an hour or two. It is a very easy matter to talk into a dictaphone and take the cylinders to the office in the morning and have them typed off by a good stenographer. We have two typewriters, Underwoods, and two stenographers all the time. One acts as office attendant, and by the way is a graduate nurse. She answers certain personal letters, which are handed over to her, on her own machine at her desk in the main office. So, you see, we are able to write these many letters; also dictate technical articles, as well as articles for popular magazines, and at least edit one journal on the side, besides writing an occasional book, as we have done in the past few years, not mentioning the more than three hundred colored plates and drawings in black and white which have been put out in the last twelve years.

With those who think it is impossible to treat seventy or eighty patients a day, we will not discuss the matter. We will simply say we know it is impossible for them to do it with their viewpoint and limited vision. We want men in our profession who will have still greater vision and who will raise the standard of osteopathy, both as to technic and as to details and research work, and bring our profession to the forefront as it has never been brought before.

## CHAPTER XVII

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# SPECIFIC TREATMENT



## CHAPTER XVII.

### SPECIFIC TREATMENT

Some years ago I heard Sir William Osler lecture on a medical subject, and he referred to the amount of medicine given by the young medical practitioner, just commencing practice, and showed how each year the dosage was lessened, until after a physician had practiced medicine for twenty years or more, he was ready to state that there were few known specifics and that a sufficient quantity of medicine for a large practice could be carried in his vest pocket. While he did not name the four specifics, the majority of people know what they are.

Now, specific osteopathy is an entirely different proposition, in that we do not eradicate, as years go by, the special treatment given to certain nerve centers; but we do treat more specifically, and we don't spend the great length of time in making our findings and in trying to relieve all symptoms at once, as the young practitioner is most liable to do.

It takes time to familiarize oneself with the human anatomy and give specific treatment, and we do not blame the young practitioner the first year for giving fairly long treatment; but when a man practices for ten years, or even five years, and still gives half hour treatments, just then we put that practitioner down as one who is not progressing, and one who is not familiarizing himself with the specific nerve centers that control the various organs and tissues in the human body.

Just wherein does specific treatment differ from general treatment? It is true that we treat the same nerve centers in specific treatment as we do in general treatment, but we

don't go over and over these same nerve centers, relaxing muscles and teasing out the tissue contractures, but we apply sufficient force to get articular motion in a manner that gives, at the same time, vasomotor stimulation.

In order to make this perfectly clear, we will give a few examples and show wherein a specific treatment is of more value to a patient than a general treatment, and wherein we can make better headway by giving specific treatment and restore the patient in a shorter period of time.

We will take, for instance, a case of migraine, so commonly found, and so noticeably presented, as a rule, to a young physician. He is of the opinion that it can be cured at once. He gives a thorough cervical treatment, as well as general treatment, and he is so positive that the migraine condition will pass away that he is very much surprised to find, in some instances, that it is a reflex disturbance, and that a general systemic harmony must exist before it is relieved. It may be necessary to reduce an acidosis, possibly from an innominate lesion. There may be flat feet, changing the axis of the spine. The pneumogastric with its various ramifications may be involved. There may be hepatic congestion or splenic enlargement; renal or supra-renal disturbance, and last, but not least, an ovarian colic accompanying the migraine, or a pelvic congestion involving not only the various organs and tissues, but the lymphatic nodes, in their relation to the mesenteric vessels.

The young physician will possibly visualize a patient's condition from a general standpoint, focusing his attention on the cervical lesion in order to relieve the disturbance higher up. He may or he may not realize that the great vasomotor and splanchnic centers are involved, in that the upper thoracic, or even middle thoracic, lesions may be the causative factor, through the semilunar ganglion, or there may be a reflected disturbance in the hypogastric



plexus or pelvic plexus, through a tilted sacrum or an anterior lumbar condition.

Take another case. There may simply be neuritis in the shoulders or down the arm. Only a careful observer, who has been trained along the lines of lymphatic terminal drainage, would notice that peculiar edematous condition back of the clavicles, at the sternal end, and realize that the neuritis may possibly be due primarily to a specific vertebral lesion, and, secondarily, to lymphatic blockage that exists even in the spaces around the nerve cells. It is only of recent date that we have found, through research work, that there may be a lymphatic blockage within the sheath of a nerve, and that until restoration is made, in the way of lymphatic drainage, it will be quite impossible to reduce the neuritic condition.

A third illustration. There may be a swollen or edematous condition of the ankles. This may not appear to the patient as being of any significance. The young doctor may feel that it is simply a lack of drainage, that there may be a little enteroptosis, or possibly a pelvic congestion; and he may not connect up the fact that the edematous area corresponds with the blockage in the popliteal spaces, as well as the inguinal nodes, and that the lymph channels may be blocked to such an extent that the receptaculum chyli is overloaded. There may also be a secondary condition, from the fact that the hepatic nodes, as well as the gastric and splenic, are likewise enlarged, and that the entire lymphatic drainage system is blocked in the region of the diaphragm.

Correcting the vertebral lesions will be of no particular permanent value if there is a sacral tilt, or if one of the innominates is subluxated in its relation to the sacrum. There may also be a lymph blockage at the terminals. This must be determined, as in no case, unless there is terminal lym-

phatic drainage, can we expect to have perfect drainage from the ankles, for the lymph, in part at least, must eventually reach the thoracic duct and through that the left sub-clavian vein.

We are of the opinion, however, as frequently expressed in the Journal of the International Society for Lymphatic Research, that a great deal of the lymph is taken up by the veins; otherwise, the mechanical arrangement for the handling of the lymph is out of all proportion to what has been described in the various texts on physiology.

We want the young practitioner to get the vision of making accurate diagnoses as early as possible. We want him to consider the entire body as one machine, that all of the component parts are interrelated, not only from a vascular standpoint, but from the standpoint of nerve connections as well.

In order to give specific treatment, then, it will become necessary during the first two or three adjustments, for us to correct those specific centers which have control of the most strategic points. To give a general treatment and churn up the entire circulation of the body, as well as the various secretions, is contra-indicated. We must secure drainage at the most strategic points, and this can only be done by observing in particular the ebb and flow of the lymphatic circulation. By watching the edematous areas in various parts of the body, we may very readily be able to determine what part of the body is blocked, from a lymphatic standpoint, and what areas are lacking in the lymph fluid.

Our great fault has been in trying to give systemic treatment in every instance, when specific treatment, at specific nerve centers, is of far greater value. It is also a less tax on the patient, and a more speedy recovery follows, for we have not, in any instance, tired our patient.

## CHAPTER XVIII



## DIAGNOSIS



## CHAPTER XVIII.

### DIAGNOSIS

The standard by which a physician is judged is usually one of diagnosis. When a physician has the reputation of being a diagnostician, he seems to stand well in the community; that is, if he lives up to that reputation.

Most physicians pride themselves on being good at diagnosing. As the human machine is constructed practically the same in all instances, in that we have a certain number of bones, muscles, nerves, blood vessels, and so forth, the laity do not understand why it is such a difficult task for a physician to make an accurate diagnosis in any and all instances. It is only after a student has spent two or more years in a therapeutic college that the idea dawns upon him that, while there are a certain number of bones, muscles, and so forth, in the human anatomy, yet there is a possibility of disturbances and disorders attacking various tissues in various places, including not only the framework, from an osseous standpoint, but pressure directly or indirectly through contracture produced by the various measures that are not only unnatural, but unexpected in many instances.

When a physician realizes that his diagnosis depends upon a thousand and one conditions, so to speak, in that not only the chemistry of the human body must be determined, from a secretory and metabolic standpoint, but the relative position of the organs in their various regions; the varying quantity of the fluids in the body; the tone, or lack of tone, in the muscles; the degree of anemia that so often exists; the activity or inactivity of the ductless glands; the variation in the endocrines; and so on through

the entire list of organs and tissues that functionate in some manner or other continuously throughout the entire system; he feels his position keenly.

It is unwise in any instance to give a systemic treatment of any nature until an absolute routine examination at least has been given. This does not account for special tests and examinations that may be indicated in each particular case.

In the group clinics that are being conducted all over the country, following along the line of the original clinic in Rochester, physicians are becoming more accurate, systematic, and complete, if we may speak in that manner, in the examination of their patients.

The old school practitioner, especially in the rural districts, was supposedly an authority on every known ailment of the human body, even to the condition of the teeth—whether or not they should be extracted or treated in any manner whatsoever. He was not only considered to be a specialist in gynecology, but in everything from obstetrics to infectious diseases. We now refer to these instances almost with amusement, and we are pleased to know that the general practitioner, when confronted by a condition that does not manifest itself plainly to him, secures the advice of some specialist in a group clinic, or in private practice, who has devoted his entire time and attention along that particular line.

Postmortem findings, in connection with some of our great hospitals, prove that diagnosis has been made incorrectly in a great percentage of cases. Now, this being true, wherein does the fault lie?

We understand that in order to be able to make a proper diagnosis a physician must not only be familiar with his anatomy, physiology, pathology, and so forth, but he must also be a master mechanic, in that the human body is a ma-



chine. The study of applied anatomy is one of the most essential, not only surgically as we have a number of text books on surgical applied anatomy; but applied anatomy from a mechanical standpoint as well. This is not taught in the medical colleges. It is taught only in the osteopathic colleges. The application of each phase brought out, in that the relations of the various tissues are taught from an applied standpoint, can be figured out only as we consider that the body is a machine, and that structural changes take place, through accidents, stress, and outside forces that are not taught in the older schools.

In order to be a good diagnostician, it is not enough, therefore, to have a complete knowledge of the human body, from a chemical standpoint, in relation to the various secretions, endocrines, and so forth. We must also be able to determine upon examination wherein structural changes have caused perversion, not only in the nerve tracts, but also in the blood vessels and various tissues and organs that make up the composite whole.

It will all depend upon the viewpoint the practitioner has, as to his ability to diagnose a case after thorough examination. If his viewpoint is distorted to the extent that he is not familiar with the physiological movements of the spine, he will not be able to make a complete diagnosis in any instance. If, for any reason, he has not been trained as to the effect of disturbance on various nerve centers, in their relation to organs and tissues, he will not be able to diagnose accurately in any instance.

Until Dr. A. T. Still discovered the principles and practice of osteopathy, there never had been a complete diagnosis made in any instance in the world's history. The ideas brought out by Dr. A. T. Still absolutely revolutionized the therapeutic reckonings. The older method of



diagnosing from symptoms, subjective and objective, did not include the most important phase from a diagnostic standpoint. The osteopathic physician, who goes through the college and fails to grasp the idea relative to applied anatomy, will not be able to make the same diagnosis as the student who has a broader concept, and who realizes the significance of pathological findings in their relation to the tissues from an applied anatomy standpoint. All through the entire course, the applied anatomy viewpoint must be kept in mind. Even in the dissecting room, as well as in the technic department, the student must ever be on the alert to determine the applied viewpoint in every instance. It will be necessary to combine all of the various sources of information in relation to the human body when making the diagnosis of some bodily perversion. Every pathological phase must be deduced back to the point where the primary lesion existed. The reasonings made by an osteopath include the framework of the body and its structural arrangement, from both a normal and an abnormal viewpoint.

The reason some of our younger practitioners fail to get the proper viewpoint in making the diagnosis, is because they cannot collectively assimilate the various workings of the human anatomy in all of its various phases and realize that the disturbances manifested, when making an examination, are due, in most cases, to a systemic disturbance that includes the entire central nervous system and its various connections.

No organic disease can exist without proportionately affecting the entire body. No one nerve can be irritated or disturbed to any extent, without disturbing the harmony of the entire system. There is no such a thing as a local organic disturbance. We have to consider, in each instance,

the various reflex propositions. We have to remember the relation of the various nerve branches to the central nervous system. We must consider the various nerve tracts that carry different impulses; the different motor tracts that control and supply certain areas; and, at the same time, are under the great central nervous system. We must keep in mind the various areas of the body that are controlled by certain nerves through certain nerve centers; the distribution of the vasomotors; the motor, and the sensory impulses; and, above all, the fact that all of the local centers are secondary to the great controlling center located in the brain. We must keep in mind the various circulations; the arterial supply; the venous return circulation; and the lymphatic circulation that permeates almost all tissues. It is impossible to be too careful about making a diagnosis. The more accurate the diagnosis, the more readily we will understand the case and secure results.

It may take the young physician a little time to get his bearings and become familiar with certain phases, especially where there is more or less metabolic disturbance, but in time the young practitioner will begin to realize that each case is individual in itself, in that a different diagnosis will have to be made than in a previous case of a similar nature. No two cases are alike. The symptoms in one case never tally with those in another, in every detail. The various combinations that go to make up a diagnosis are so numerous that it would be impossible to compile in any book all of the various manifestations that are shown in all diseased conditions.

If the young graduate is well posted in all of the various subjects, it will be no trouble, in a comparatively short time, to work out, from symptoms, a diagnosis that will be sufficiently accurate to enable him to apply proper tech-

nic. It requires continuous study in order to keep in mind applied anatomy, and especially pathology, as based upon the reasonings from an osteopathic viewpoint. No book has yet been written, on certain subjects that are most important to the osteopath. There is a vast field for those who are inclined towards research work, to give in detail the findings that are so much needed at the present time. We are, as yet, a new school. We have not, as yet, got all of our bearings; but, in time, we trust that we will be able to secure a text book that will give the students a better knowledge of how to make a diagnosis than is contained in the text books of the older schools.

Students often realize, while going through college, the need of better text books, that is, from an osteopathic standpoint, and oftentimes they feel that some day they will be able to get out something along that line; but, when entering upon practice in a new field, their minds seem to dwell more upon establishing a practice and they soon drift away from their original ideas and determinations, and we find very few who take sufficient interest in their work and studies to do sufficient research work that will be given to their fellow men. It does seem, with all of the findings that are recorded in the various books in the country, collected through all the ages past, especially during more recent years, that we should be given sufficient information to enable us to go ahead and work out in detail certain conditions upon which we could make a more accurate diagnosis.

There are very few in any profession who are really studious, and who can do original work to the extent that they can give something new to their fellow-men. However, there are a sufficient number of students who could do this if they would apply themselves, and we are hoping that in the next few years a number of our osteopaths will

get together and get out textbooks along the line of pathology, applied anatomy, neurology, and so forth. We have a field in osteopathy that is second to none. We have a greater opportunity to do research work than has the older school. We have a broader viewpoint; we have an applied anatomy vision that is not embodied in the course of any of the older schools. We have, as a rule, a more thorough knowledge of the human anatomy, in that we spend more hours and study more carefully the details found in the human body. Upon this working basis, it should be no great struggle for us to bring out new phases relative to diagnosis that will enable us to make a diagnosis that is most complete in every respect.

While we are not able, at all times, to discern certain internal conditions, we should in time evolve principles that will enable us to make more accurate diagnoses in every instance.

The principles of osteopathy are true to nature; true to the bodily mechanism; and the findings that are worked out from an applied anatomy standpoint, as well as from a pathological viewpoint, backed up by structural defects and tissue disturbances, enable us to visualize conditions that cannot be worked out from any other viewpoint.

Every year that you practice, if you are conscientious and studious, you will be able to make a better diagnosis than you did the year previous in similar cases; and after ten years' practice, you will have a viewpoint that will be so far ahead of the one you had a decade previous, that you will wonder why you did not understand certain conditions at that time.

We learn by experience. We also can learn by study and research. No man makes a success in any particular line of work unless he gives it thought and attention. Pride

yourself on making clear diagnoses, and never feel that you have mastered the subject entirely. It is a life's work, and a pleasant one, if you have put your whole soul into your work. It takes daily enthusiasm in order to accomplish anything.

After a person loses his enthusiasm, his work is never up to par. Enthusiasm carries us along from day to day, and makes work a pleasure, where otherwise it would be drudgery.

## CHAPTER XIX

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## BE SPECIFIC





## CHAPTER XIX.

### BE SPECIFIC

Peanut vendors, I dare say, are as sincere and do as much thinking, according to their limited cerebral capacity, and lie awake as many hours at night, as some of the greatest statesmen and business men who rule the affairs of the world.

It is always amusing to me to have some unsuccessful or limited person in any walk of life step up to some successful business magnate and try to tell him how to do things. It is like fellows on the program of the American Osteopathic Association telling about the wonderful things, from a theoretical standpoint, which can be accomplished, and how to do this and how to do that, and all the rest of the year in their home practice and by the bedside you hear nothing in particular of their work.

We have not lived up to our promise, as practitioners of osteopathy. We have not kept the practical vision that Dr. A. T. Still gave us. We have not followed his motto or the example that he set. We have given patients the impression all over the country that we make appointments one-half hour or possibly one-quarter hour apart, and that they must come at a certain time in order to receive full time treatment. This is where we have fallen down, and we have no occasion to blame any other school if we are the losers.

Would a Barker, of London, England, give his patients the impression that he had to manipulate or adjust an ankle or knee, or some part of the spinal column, and take a certain length of time for it?

Would Reese, of Youngstown, put in a certain length

of time in order that the patient would feel that he had received his money's worth. I want to say here that the appointment sheet idea is all wrong, and that when we make appointments ahead so that patients may come at a certain time, we are giving them the impression that they are to be given a certain length of treatment, and they will naturally expect it. In other words, the lady patients, for instance, arrange ahead of time, so that they can practically take a half day off in order to have their treatment and get back home. The proper way to go about this is from a psychological standpoint. We all know that in business houses, department stores, and even in our practice, there are certain times and days when people come in droves, and that we must not have such registered routine that we cannot adjust ourselves to the condition. I know of osteopaths who, when called over the phone to make certain appointments, say, "No, I am booked up for the day. You will have to come tomorrow." Now, let me tell you right here, and I am a frank speaker and speak according to what I put into practise, that when a patient calls up and is in a hurry for treatment I give him the time that suits him. Suppose you have twelve or fourteen in your office at one time; they can easily be cleared out in one hour, and by using a little tact, you can get certain patients to wait for a few minutes by telling them that some one is going to catch a train, or is in a great hurry to fill some appointment, and you will have no difficulty at certain times in handling the overflow which is liable to happen one or more times every week.

You have followed more along the line of the dentist, who makes appointments for a definite length of time, at a definite period in the day. This is absolutely unnecessary and all wrong.

Throw your appointment sheet to the wind, and have an office girl who knows your work so well, and who is so well posted on just what you can do and what you cannot do, that she will make the appointments without any sheet at all and will never get you overloaded at any one time.

Now, I am speaking from experience. We started out with the ordinary sheets, which we put up ourselves. They held names of about twenty-five patients a day. We enlarged this until we had a sheet that would hold sixty a day. We finally threw the sheets away, and although all of the hours and divisions of hours were on these sheets, we do not use them at the present time; only one large sheet for putting down the names of the patients as they come in, also recording their credit.

When a patient phones, instead of saying "Well, let me look at my sheet and see if we have any time," the nurse says, "What time do you want to come? Could you come at a certain hour?" If he says, "No, I would rather come so and so," she says, "All right, come ahead. The Doctor will take you as an emergency case."

Now, boys, I am, as I said before, talking from experience. With five treatment rooms, we find that we are short at times for space, but by a little strategy, that is, treating those who will get out in quick time, or some child, or business man who is in a hurry, we seldom have any difficulty in keeping our office clear. We have no large waiting room, and were I to arrange an office again, I would have no waiting room, any more than along the hallway. We do not want patients sitting around. We want to put them in a room, treat them, and get them out; we do not want patients lying around after treatment; we send them home, that is, the ladies, to lie down and rest for one hour. We never allow them to go shopping after a treatment. They

must go straight home. The men can do as they please, as our treatments are exhilarating in nature and they can work all the harder for having had a treatment. You see the advantage in giving short, specific treatment is that we do not tire our patients. They do not feel as if they would like to lie down and rest, and we do not have any trouble from having the ladies block the rooms, as they are told as soon as they have their treatment, that they must dress and go home

Regarding examination, we seldom treat a patient, when we examine him, unless he is suffering in some way; but the examination, a thorough one, must come first. We go over the lymphatics. You will have read ere this, the article in the A. O. A. Journal on "How to Make a Lymphatic Examination," so we do not care to go into this again. It is also published in detail in *Applied Anatomy of the Lymphatics*, which is being read by a great number of the profession. After making the lymphatic examination, we always take the blood pressure, even if the patient has had treatment from some other osteopath, that is, a traveling man or an unsatisfied patient, which by the way, we all have, and listen well to the heart action and the lungs, and if necessary make blood tests, if there is any tendency towards anemia or any pus present in any part of the body, indicated by enlarged lymph nodes. We have the best Leitz microscope that is made; also blood testing apparatus, as well as a chemical laboratory, and in no way neglect the patient's condition, and yet do not take all day to make an examination. Be so alert and keen in your work that you will sum up the patient's condition as nearly as possible in the shortest length of time. Cut out the talk, and work. Get down to business, and don't let your patient talk either, other than to give you a few subjective symptoms that you may

call for. State definitely that you find so and so recorded on the spine; that a certain injury happened a certain number of years ago, which you will be able to determine after you practice a few years, almost specifically. Tell him how he fell, and about how long he was laid up, and the symptoms that followed the fall, and so forth. This can all be done after a few years of practice, so that the patient will know what you are talking about.

After the examination, hand a specimen of urine and the brief slip, upon which you have written the essential points, to the nurse, and she will give the patient a time for report, diagnosis and prognosis, on the next day, and go to your next patient. All this need not take more than a few minutes' time.

Get away from that old idea of having to ask a patient a thousand questions. Be able to read the patient yourself, and not depend on what the patient says, as he may not have the right idea of his case at all. He may be going by what some doctor told him at some previous date. Always ask the patient three questions—"Have you ever had an operation?" "Are you constipated?" "Do you have headaches?" These three will give you a better line on the case than anything else you may ask, as far as we know.

When the patient comes in for treatment and you go into the room, do not sit down or let him sit down and start saying, "Well, how do you feel today?" Simply have him jump on to the table, and if he will not lie down, and wants to talk, tell him in a very nice way to do so, that you will listen while he is talking and at the same time start in giving such a good specific treatment that he will be glad to hush up. We have found that these short specific treatments are absolutely best for patients and that they like them. They like for you to get down to business and work.



If they start talking politics, religion, or anything else, or ask you about osteopathy, tell them that you will explain when you get through, and when you get through they will have forgotten it. Do not forget, though, to have the patient get a booklet on osteopathy, which will be in the room, or handed to him by the nurse as he goes out. They can do their own reading; this will save time, and the literature which is published at the present day is much better worded than anything we can say.

Save your breath. It means energy; keep your mouth open only to inhale more air. If you want to be strong and healthy in your practice, treat with your mouth open—not wide open, but sufficiently to inhale plenty of air. I have noticed a lot of osteopaths who hold their mouths so tight when they are not talking that they have insufficient air. It does not hurt to breathe through your mouth in a warm room. This is one way I have kept well all of these years. There is another way which I will tell you about some time. I have told a great number of osteopaths and it positively keeps you from having a sore and sensitive abdomen, and the typhoid fever that so many of our boys get; as well as enteroptosis through their backs aching, their nerve centers being undertoned, and venous stasis in certain cases.

Regarding attire in the treatment room I wear a shirt-waist effect the year round, with four point suspenders, and simply work in my shirt and trousers. As soon as I go into a room I pull off my coat. They like the idea—getting down to business. They want you to concentrate your entire time and energy on their cases; they want you to remember what you found out and told them the first time you examined them. Don't forget this. Take a little private special memory course of your own, and be sure you remember what a patient has said and what you have told

him. This is of vital importance. Start your treatment in such a way that he will know that you are all eyes and ears and interest in his case.

While we are doing this work, let us devote our entire time and energy to it. When we get older we can retire from practice and think of something else. If a patient persists in talking, say, "Excuse me, but the lesion that I corrected the other day seems to be a little better. I thought you would like to know," and if he starts talking a little later on, ask him how that symptom he referred to the other day has been, and keep his mind off of the talking point, as much as you possibly can.

Always leave your patient feeling good. As soon as you notice that he is tired or droopy in any instance, quit right then—absolutely quit, and do as little treating as possible when the patient is sitting up on the stool. There is where you tire your patient out—fiddling on the cervical vertebrae with the patient sitting up. It is liable to over-stimulate the nerves and cause either nausea or fainting. Get away from that. Do your treating while the patient is lying down, except a very small amount of specific treatment in the upper dorsal, with patient sitting up.

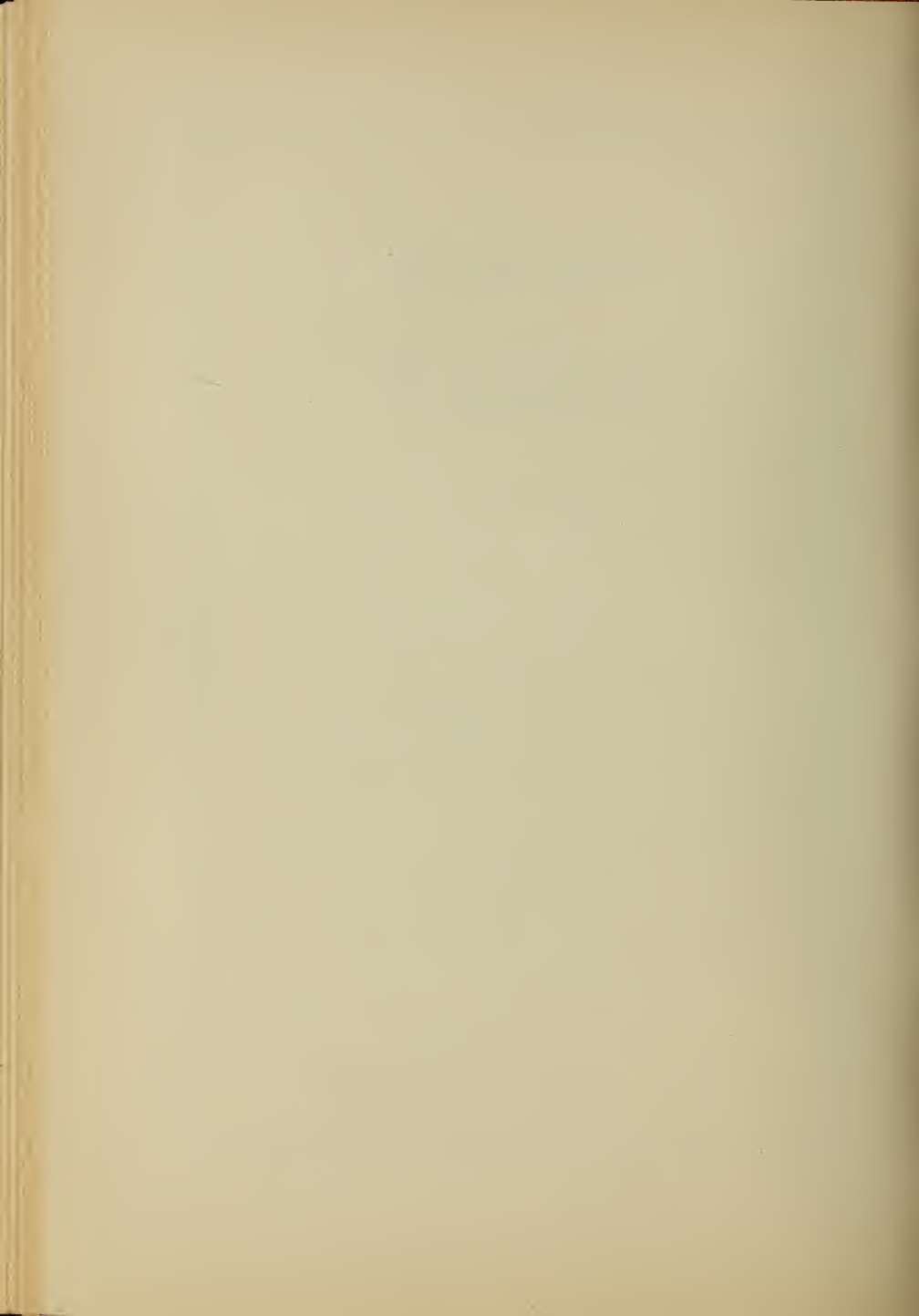




## CHAPTER XX

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### "FORGET IT"



## CHAPTER XX.

### “FORGET IT”

When a boy, I had the greatest admiration for physicians. My father's home seemed to be a hanging-out place for doctors. My father should have been a surgeon. Many a time he has assisted in emergency cases. He has nerves of “steel.” Strange, how we miss our callings sometimes and drift away, through environment, into unexpected fields, and thereby fail to give to the world what was naturally expected of us.

In later years, I found out that physicians have their weaknesses also, and that while they may know the human body to a greater extent than any living professional man outside of the therapeutic band, yet there seems to be an inherent weakness, or lack of the training that should exist in order that the physician may be capable of rounding himself out sufficiently on all sides.

People naturally expect a physician to be an encyclopedia on any therapeutical subject, and, undoubtedly, they are better posted on one theme than any other class of people, as they make that their business; but we find that doctors have their own troubles, and that, in many instances, they are incapable of self-control sufficiently to throw off matters that worry them. Consequently, the average length of life of a physician is slightly less than that of a business man. It is not because they lack knowledge of the physiological activities of the human organism, or that they do not know how to combat various diseases and pathological conditions in the majority of cases, but it is that element of “human nature” that, by the way, makes the

world akin, that seems to "get" a physician the same as any other person.

A young doctor starting out in his practice will often lie awake nights worrying over his cases. Instead of giving the patient the very best that he has in him at the time, and dismissing the case from his mind, other than to post up on the disease if he is not entirely familiar with the subject, he will wonder and worry to the extent that his nerves will almost become shattered in the first few months of his practice. Few physicians entirely escape this, and while it may be true that the more sensitive a physician is, the greater interest he will show in his patients, and the more good he will accomplish, yet a physician must school himself and so train his mind that he will not be drawn into this nervous whirlpool by over-worry and anxiety.

The old expression "Lest We Forget," should be changed to the newer expression "Forget It." This may appear like slang, but we have found that this little motto has been of great value to us in a great many instances; in fact, from a psychological standpoint, almost all of the trouble existing in this world is from the point of remembrance.

We are urged in school to study history—the rise and downfall of nations, especially the downfall and cause of downfall. We, as a people, are more or less fond of antiques. We love to recall those good old days when certain things existed. We are constantly saying, "Bring back those good times that we had years ago, and we will be happy."

A time is coming when we will live in the future. We will so dwell on the future that, as Ralph Waldo Trine says, "Each day will be a new beginning." We will simply use the accumulated knowledge that has been registered on

the cerebral cortex to aid us in building new structures and accomplishing greater things.

There is no reason why a young physician should not have a viewpoint as well as any one else. The mere fact that a physician is supposedly posted in anatomy and physiology, is no reason why we should suggest that he has not a heart in him, a sensitive nature sometimes, and a longing for the betterment of humanity. If the college student will so post himself while going through school that he will feel that he is master of each subject, it will be an easy matter for him to apply this knowledge when starting in practice, and by the use of reference books and the latest journals, be able to keep abreast of the times. After all, no physician, with very few exceptions, has been known to make a tremendous success unless he has been sufficiently interested to keep up to the minute in everything that is going on in the therapeutic world.

All feudal wars, community disturbances, duels, tragedies of every kind, invariably refer back to some time when some incident has happened that has made mental impressions which, through recollection, have exaggerated themselves sufficiently to deepen the nerve tract impression and reflexly disturb the thermogenic and vasomotor centers sufficiently to arouse agitation in the cerebrospinal mechanism.

Physicians are looked up to in each community from a respectful standpoint, providing they are worthy physicians, and no man should stand higher in his community than a physician. His ranking is near to that of a minister at least. Therefore, we should be proud to be physicians, and we should hold ourselves in such an attitude that we can constantly give to the people advice, from a physical and hygienic standpoint, at least. The time is coming

when a physician will be looked to for psychological and even psychic advice. A part of the ground may be covered by the minister, as well as the physician. The therapeutical phase should be dealt with entirely by the physician, although we have known some ministers who were very well-posted along psychological lines.

Start out in your work as a practitioner feeling that you should be symbolic not only of optimism but also of physical activity, endurance, broad mindedness in your line of thinking, and freedom from certain lines of mental reasoning that are so common among those who do not know the activities of the nerve tracts. The physician's viewpoint should be so much broader than that of the layman that he should be able almost to read and understand human nature, not only from a physiological and a pathological standpoint, but also from a mental, and feel master of the situation. His mental reasonings should correspond with a line of thought that is much better connected, through his superior knowledge of the nervous mechanism.

Let us get away from the old idea of recalling things. Let us make each day a wonderful day, in that we have the possibilities in us of creating new nerve tract impressions, and reaching brain cells from a different viewpoint, and impressing them like a stamp that is applied to a new piece of wax.

There is no limitation to the human brain, to its conceptions, its revelations, and its capacity for rearranging ideas in order to make impressions that will give us a new viewpoint. A physician should so delight in developing these centers and nerve tracts, through better cerebral co-ordination, that he will in time develop his brain from a many-sided standpoint until his views will be of an entirely different nature than those of people not posted on human anatomical and physiological workings.



There is no greater field in the world to work in than the therapeutic, and if the young physician gets the proper viewpoint early in life, and realizes the great possibilities along the various lines, he will simply be carried along by the visions that he will create from day to day, through having a practical vision to start with.

The last word has not been said regarding diagnosing, and possibly will not be for decades to come. There is a greater chance at the present time for a young physician to make himself world famous and make startling discoveries, than ever before in the history of medicine, in the broader sense. The powerful microscopes accessible today; the various paraphernalia used in making diagnosis, in the way of heart tracings especially; the peculiar development of sensitive touch in the well-trained osteopath, which was unknown to the physician of a few years ago; places the young physician at the present time on a plane much superior to any that has ever existed, and if he will but get an optimistic, practical viewpoint, he will not look back and wish for days gone by, but will plunge into the future in his mental reasonings and benefit humanity more than he ever dreamed of.



## CHAPTER XXI

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## CLINICS



## CHAPTER XXI.

### CLINICS

For years we have felt that the wisest thing a young physician can possibly do is to establish a clinic in connection with his work.

Were I to go to a new field to practice, either in a small town of two thousand or over, or in a large city, the first thing I would do would be to establish a free clinic, or assist in one already established.

Let us discuss the psychological side of it, as well as the relief side, and see if we cannot prove that work in a clinic is of more value to you than you would ever dream of, unless you had undertaken the task before. We would not call it a task. It is not only a pleasure, but most refreshing, and we have learned more about infantile paralysis, scoliotic conditions, and various forms of nervous disorders, from St. Vitus dance to convulsions, than we have in any other way; in fact, I never did really understand the possibilities in treating infantile paralysis until we established a free clinic where we had from eight to ten infantile paralysis cases at a time, along with a much greater number of scoliotic cases.

Personally, I find it a tremendous tonic to conduct a clinic. For years we held it three times a week. We now hold it twice a week, Tuesday and Saturday mornings. We commence at eight o'clock. While it is necessary to rise an hour earlier, in order to be at the office a little before eight o'clock and welcome the children as they come, yet think of the mothers who have to rise, dress, wash, feed, and bring their children to the clinic, and likewise be here at eight o'clock.

We have possibly as large a clinic during the length of time, as you will find anywhere. Forty-eight in one hour and fifteen minutes is not uncommon, and unless we have forty or more, we are not satisfied at all. Imagine the tonic effect on a doctor when the mothers bring their children to have them treated, because they have seen other children cured of a similar trouble. Imagine the thrill that goes through a doctor when he realizes that he is taking off braces, crutches and casts, from those who have been shackled sometimes for life at the suggestion and hands of the orthopedic surgeon.

To me, there is no greater pleasure in life than conducting a free clinic, and I am frank to say that had I sufficient money, or if some one would endow me sufficiently to pay my expenses the rest of my days, I would treat one hundred children free, twice a week, as long as I was physically able to do it. This would take about two hours and a half each day, and thanks to specific osteopathy, the results would compare with those of any orthopedic institution in the land, and without a single instrument or cutting in any manner, restoration would be made, through the nerve centers that control the circulation that supplies the cord sections, as well as giving stimulus to the motor impulses as they leave the spinal cord.

There is no comparison between what an orthopedic surgeon can do and what osteopathy can do. True it is that an orthopedic surgeon has work to do that manipulation alone cannot do; that is, there are a certain number of cases, such as talipes in its various forms; but when it comes to muscle transplanting, or tendon shifting, in order to bring about strength and motion in the withered limb, I am sure that any good osteopath will take case for case with any orthopedic surgeon and without cutting in the least,

make resotation in a greater number of cases than the orthopedic surgeon will do by his transplanting method.

Then again, we have cases of scoliosis in every form conceivable, even to kyphosis and Pott's disease, which we hesitate to take, and refer them to the orthopedic surgeon, and we are not so sure that the orthopedic man will do much better than nature herself has done.

In the earlier stages, the orthopedic man will accomplish much, but there comes a time, even in a child's life, when it may be wise not to interfere unduly with certain conditions. However, I would trust a case absolutely in the hands of any of our good osteopathic orthopedic surgeons, and in the above references, for comparison's sake, we have invariably referred to orthopedic surgeons of the older school, who are not trained along osteopathic lines, who have never had the osteopathic vision, and who know little or nothing about even a sacro-iliac lesion. We are proud of our osteopathic orthopedic surgeons. They are trained to know the osseous framework from a different standpoint than that of the older school. They are quite familiar with the fact that adjustment will correct lesions, and that osseous lesions cause a great deal of the trouble in the human framework in most of the various diseases.

So, it is always a pleasure to send cases to an osteopathic orthopedic surgeon, after having tried osteopathy first; that is, the manipulative part, or adjustive work, such as Dr. Still longed to talk about and loved to demonstrate.

I love to think back on pleasant things; I love to forget unpleasant things. There are a few things that we can recall that stimulate us, and one of these precious things is the memory of the Old Doctor; the time when he dwelt among us physically, and when people flocked from all over the country to be restored to health.



Never will I forget that memorable day when the Old Doctor, sitting in the back yard, was approached by a mother from Colorado with her little child in her arms, beseeching the Old Doctor to make physical restoration. Without getting out of his chair, the Old Doctor took the child on his lap, and in less than a minute's time stood the child on the ground, and the child walked.

Who else in the world at that time could correct a femoral lesion, or luxation, complete, in that the head of the femur was entirely out of the acetabulum; and who but a Still, at that time, could so thoroughly understand the mechanism of the hip joint that, by a single twist, without any assistance, he could replace the head of the femur in the socket and thereby make the child normal again from a mechanical standpoint.

The Old Doctor did not always use a treatment table. He was known to back a patient up against a fence; put him on the sidewalk, or the station platform and correct his lesions, and in some instance, take away the crutches.

Some will remember that famous case where the Iowa man was returning home, not being satisfied with manipulation by some of the students. The Old Doctor, hearing that the man was headed for home, hurried to the station, and grabbing the man before he boarded the train, asked him why he was going home. He commanded the man to lie on the platform, set his hip, took his crutches, and requested him to stay two or three days, and never were the crutches used again.

Who at the present time practicing osteopathy could perform a similar feat to the one above recorded? Are we so well posted in human anatomy and bodily mechanism that we would attempt to make corrections in an instant, without proper arrangement or accommodations, and ex-

pect complete restoration? It is almost inconceivable that any one practicing at the present time would attempt any such procedure, or even have sufficient confidence in his anatomical knowledge and mechanical skill to perform the feats that the Old Doctor did.

After the clinics each morning, you feel as if you are limbered up and ready for a day's work. Forty-five patients will take no particular strength out of you, if you are thoroughly imbued with the osteopathic spirit. If you are absolutely anxious for children to be restored, for a better generation from a physical standpoint, you will take hold of these children with a zeal that will equal that of panning gold or washing diggings in a placer mine.

My understanding of a true osteopathic physician is one who is so imbued with the spirit of osteopathy that he will live it, talk it, dream it, and when he sees a case where there is mechanical malalignment, will not be able to hold himself until he can get hold of that case and make physical restoration.

If you are not connected with a clinic, start one immediately!



## CHAPTER XXII

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## FEEES



## CHAPTER XXII.

### FEEs

There is one thing about practicing straight osteopathy, as they call it—unless you are a clever diagnostician and a still more clever adjuster, or manipulator, you will never make any great fortune in conducting a practice wherein straight manipulation is done. However, we have some of the old timers who can give evidence that there is sufficient remuneration in plain adjusting to warrant the continuation of their practice and satisfy all of the necessary wants of life.

I have often wondered why there are not more osteopaths who have become so efficient and so enamored with the science of osteopathy that they would be thoroughly satisfied with their practice, without spending time and money to venture into some new line of work, which, although possibly osteopathic, yet is sufficiently different to throw one out of the genuine field of osteopathy. Personally, I am most decided and most determined, regarding manipulative treatment; also, I am thoroughly convinced that I can make as great a headway practicing straight osteopathy as any ordinary specialist or osteopath who dabbles in adjuncts. Were I not satisfied with osteopathy and the methods employed, as demonstrated by Dr. A. T. Still, I feel that I would give up the title and branch off into other fields, and not refer to myself as an osteopath in particular. I have always contended that the people should be trained to, and in time would, realize that specific adjustment is the greatest single therapeutic factor in the world.

Had we the opportunity to make comparative tests regarding the treatment of typhoid fever, or malaria, for

instance, in some hospital where fifty per cent of the cases would be handled from a medical standpoint, and fifty per cent from an osteopathic, there is no doubt in the world but that a true osteopath would be the winner in every instance.

The same would apply to pneumonia, or even diphtheria, and osteopathy received its great impellent in the first place at Red Wing, Minnesota, when Dr. Still's son demonstrated what could be done in a diphtheria epidemic from a purely osteopathic standpoint. Just the other day, Dr. Hildreth and I were talking at Minneapolis, regarding that particular incident, and he was most familiar with that demonstration given in the early days of osteopathy.

We have referred in another chapter to the fact that when a physician is thrown upon his own resources and responsibilities, he develops confidence and will invent methods and means of bodily restoration that otherwise he would not have, if he had the opportunity of covering up symptoms as the older schools do, or have done, with a little morphia, or some coal tar product.

Any young man who will start out and go through an osteopathic college with the determination to be a proud follower of Dr. A. T. Still, and execute the principles of osteopathy after graduation, conscientiously sticking to the practice end of osteopathy, will undoubtedly be a winner, and will command respect in any community. After all, it is a matter of confidence, backed up by good judgment and a thorough knowledge of the human body, that makes a physician capable where, in other instances the half-hearted man will never succeed to any great extent.

It does seem as if we might make ourselves proficient in one line of work in this world. There are men known to



be directors of five and six organizations, while other men are contented and feel overworked running a little corner grocery store. It is a matter of vision, practical vision, and development of the mind. The human brain, if at all normal, is capable in any instance of development to the highest degree. As we have stated before, it is impossible for any human brain to be developed, in any lifetime, more than a fractional part of its functional capacity.

The reason why some osteopaths fail is simply this: They do not put their whole hearts and souls into their work. They are not sufficiently enthused to take that particular interest which is necessary in order to make a physician successful. There are too many "lukewarm" physicians. They prefer almost anything to sitting down and reading a book on physiology, anatomy, or psycho-analysis. The truth of the matter is this, if a physician really wants to be successful, he has to enthuse over his work so that it is a constant pleasure to do his work from day to day, and so that he will go to bed each night feeling that the next morning will be a still greater day, in that he will have met new cases, or solved new problems which will come up from time to time regarding various diseases and symptoms.

Even though a doctor practices for forty years, he will still have something to learn. No two cases of fever run the same chart, any more than two thumb prints will register the same markings or lineations.

Some physicians are charged with taking extortionate fees. This may be true in some instances, but the best of all tests is a simple one—Are the patients satisfied? If a doctor holds his practice year in and year out and his practice enlarges each year, likewise his fees, where can the objection come in? And should a physician be sufficiently generous hearted to conduct a free clinic besides his general practice, he should be given still more credit.

There was a time in early osteopathy (and thank goodness it does not exist to any great extent at the present time) when so many treatments were given in a certain period of time, and a certain number of treatments for a certain price. The better physicians at the present time charge either by the case, or by the treatment. Personally, we have found the most satisfactory method is keeping no books, and here arises a point that is possibly greatest of all, in that a physician treating a case time by time, and the patient paying in the same way, he is at liberty to leave at any time, and it is the best test of the confidence a doctor has in his patient, and vice versa, that we know of.

If an osteopath is sufficiently successful that he can hold a practice by stating to his patient, after examination and diagnosis have been made, that he reasonably expects a restoration after a certain period of time, and if the patient feels that the doctor is sincere and trustworthy, there will be no hesitation upon the part of the patient in taking that certain number of treatments.

To my mind, osteopathic adjustment is the highest skilled work, from a manipulative standpoint, in the world, and possibly no surgeon or general practitioner of the older school could accomplish, in any instance, the same kind of work, were he paid any sum of money. The skill and dexterity of the osteopath's fingers is the highest manipulative accomplishment that the hands of man have ever known. The development of that peculiar sense of touch can only be brought about by continuous palpation, following, of course, a thorough understanding of the human body.

After a few years of practice, it is quite possible for an osteopath almost to read the past history of a patient by the registrations that are found in the spine, dating back to a time when certain accidents have happened. Well do I

remember, in my student days, when one of the older teachers was demonstrating on a clinic case before a big student body, certain findings that were registered in the spinal column. While it seemed almost miraculous to me at the time, and while I thought that I should never be able to accomplish a similar diagnostic feat, yet I can perfectly well at the present time. It is like the beginner, who is most desirous of becoming an artist. He mixes his paints most crudely. He has in his mind the combination of colors to produce certain effects, but only the master artist can mix the colors with his brains, and put on those delicate touches that are impossible for the amateur to accomplish.

The human framework, to an osteopath, is one field of pulsating tissue. He must keep in his mind all of the various organs, as well as the structures. He must keep in mind the physiological effects that are produced by stimulation, or inhibition, as referred to by some authors. He must also keep in mind the fact that there is such a thing as an idiosyncrasy, even in the application of manipulative treatment, as well as in the field of medicine.

We would advise the young practitioner to charge according to the field he is in, and have in mind constantly the raising of fees commensurate with his skill. After practicing for some time, and having the confidence that you can accomplish more in five minutes than you could in three times five minutes when you first started practice, you are perfectly justified in charging twice or three times as much.

The question of fees need not enter into the proposition of general practice to any extent. It will regulate itself. As you get results, and patients become satisfied to the extent that they send you their friends and relatives, you will change your fees according to the results you are getting.

There may be those who charge too much, but there

are many osteopaths who are not doing themselves justice, giving long treatments and charging little more than a general masseur or a chiropractor.

There should be one great aim in a physician's mind, and that is to serve humanity and make each and every case a star case. If he keeps that well in mind, his practice is assured, and he will never suffer for lack of funds.

No student should ever go into osteopathy for the money that he may possibly make. If he does, he is liable to make a failure, but the student who takes a course in osteopathy with the one thought in mind, of relieving suffering humanity and pursuing a course of study that will give him the greatest possible knowledge along that line, will be the student who will make a success when he has graduated and gone out into the field.

If you have nice offices in a down-town district, you must charge accordingly or you will find yourself running behind your expenses. If you have a small office in a small town, you must not expect to get the fees that the city man does. If you are a small town man, why try to measure up with the man who is used to a large city and capable of handling three or four times the number of patients that you can?

All of these things must be figured out. The other day I heard a statement made by a man, regarding a classmate of his, who has a much larger practice than he has. "Why that fellow was a classmate of mine, tarred with the same stick, and pursued the same course, and yet he thinks that he knows more than I do." Now, this is the wrong attitude. In any business or profession, one man will outstrip another from the very fact that he knows better how to apply himself to conditions and people, and is possibly a greater student. And, as we have explained in a previous

chapter, the physician who succeeds best after graduation is the one whose heart is deepest in his work, and who follows up his studies by the latest ideas and methods of others, as well as the personal research that he does in his own office and laboratory.

Go out into the field determined to make each succeeding year better than the previous year, and you will have no difficulty, if you put your whole heart and soul into your work, in making as great a success as you dreamed of when you first entered college.



CHAPTER XXIII

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LETTER WRITING





## CHAPTER XXIII.

### LETTER WRITING

This may seem an unusual subject in such a book as this, but after a little consideration of the subject, I believe you will agree with me that it is not such a trifling matter after all to consider letter-writing a significant point in a physician's practice.

Those who have had the official reins in their hands, so to speak, know something about the receiving of letters written in longhand that are almost beyond deciphering. Just the other day I saw a seven page letter written by one of the oldest practitioners in the osteopathic profession. He sent the original to the person for whom it was intended and a carbon copy to the President of the American Osteopathic Association. It was a pleasure to have the opportunity of seeing this letter, as it contained some very good ideas, but there were parts of the letter almost beyond the patience of a human being to decipher. It seemed almost pitiful to think that a man who had been connected so highly, in an official capacity, for so many years, should so impose upon his fellow officials as to expect them to decipher a seven page letter, closely written in longhand, with many of the words abbreviated

There is no excuse for any one at the present day, in an official capacity, or even a physician in his own office, not to have at least one typewriter. The only alternative would be to have some one come in and take dictation and write the letters, especially when they are intended for those who are busy in the world's work.

Many and many a letter we have had to have deciphered by some one else before reading it, in order to save time.

It is no trouble to pick up a typewritten letter and get the gist of it within a few moment's time, after which you can read it more carefully; but when we receive a letter of from two to seven pages, as we often do, even nine pages, written in longhand, we are of the opinion that there is lack of training or lack of appreciation of the time of those who are so busy.

A physician can have no better training than that resulting from the practice of dictating letters and articles day by day. The importance of well-typed letters, on good stationery, is, from a psychological standpoint, almost beyond conception. About one typewritten letter in ten is anywhere near perfection from a typist's standpoint. One can almost judge the kind of practice a physician has by the letters he sends out. If you have never thought of this, try it out. Write a dozen letters, call for answers, note the kind of replies you receive, including stationery used, and see if you do not agree with me that the stationery and writing of the letters, whether longhand or typewritten, will indicate to a great extent the kind of practice that a physician has.

True it is that some of our best practitioners often scratch off a few lines to their friends, who are fellow practitioners; but those who have had experience in receiving and sending hundreds of letters a year, almost invariably use the typewriter to convey their messages.

Elbert Hubbard set a wonderful example, in that he considered it good training, and a part of one's education, to have the best of stationery and the best possible typewritten expression in every letter. He was one of the original watermark people, and those who received letters from him on his own private Italian watermarked stationery, in which his likeness is watermarked so perfectly, appreciate

the tone and class of the man whose vocabulary has never been excelled on the American continent

There is something about good stationery that lifts a man up, and if it is the best bond, or the best linen paper, with appropriate envelopes, there is something about the neatly typewritten sheet that makes one feel as if he were entertaining high ideals.

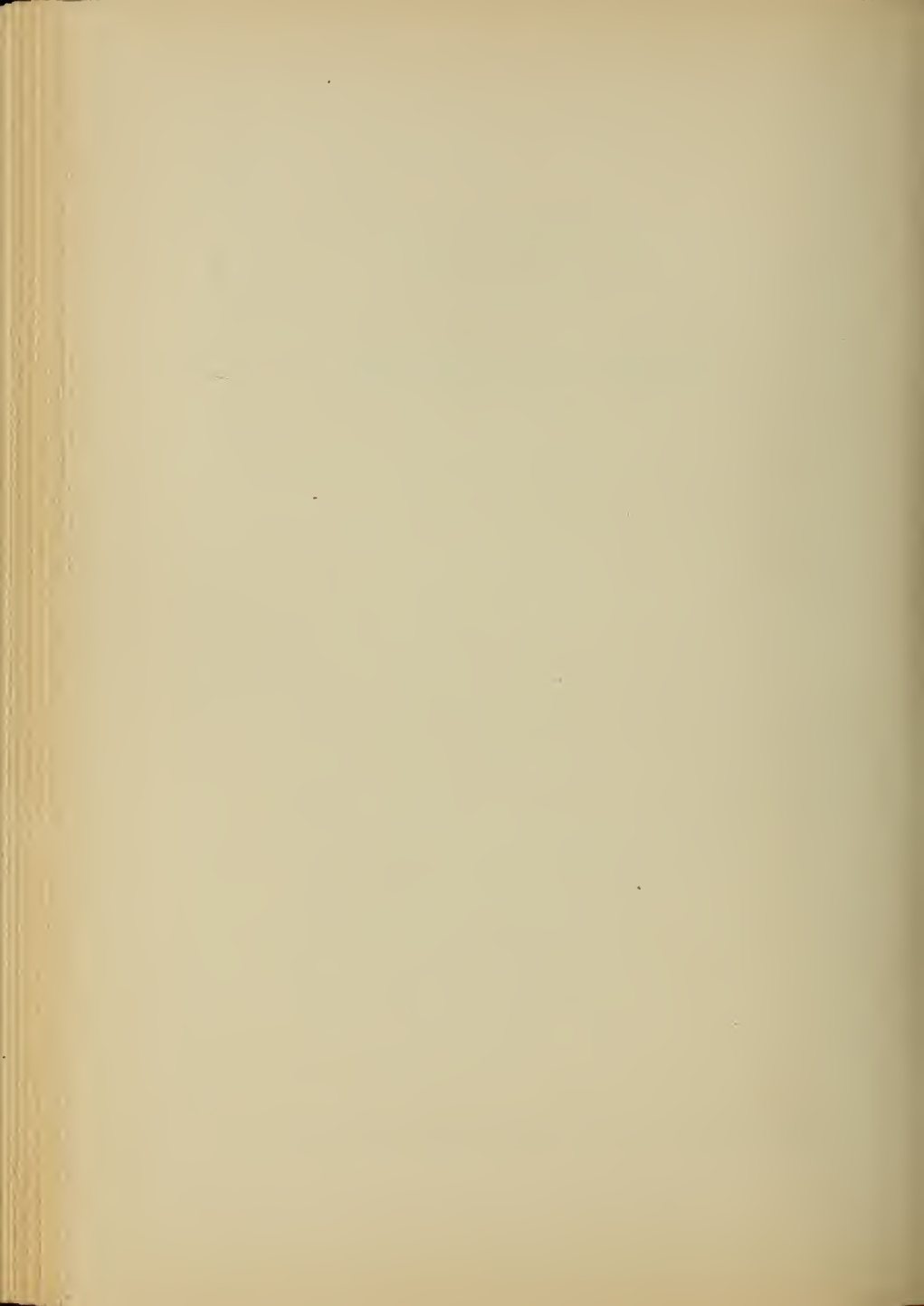
When we receive a typewritten letter, where a number of words are misspelled, or the letters blurred, it simply indicates that there is a letting down in the tone of the office. There is no excuse, at the present day, for poorly typed letters, or lack of distinctness in type. The machines put out today, both typewriters and mimeographs, are almost perfect in their mechanism, and with a careful operator everything should be absolutely neat and perfect.



## CHAPTER XXIV

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# NEW PATIENTS





## CHAPTER XXIV.

### NEW PATIENTS

In this chapter we will deal in particular with the handling of new patients.

I do not think any doctor should take all the cases that come to him for treatment. This immediately raises the question as to what kind of cases should be refused, and since osteopathy is such a wonderful therapy why should not a patient be given the benefit of the doubt, and the doctor at least attempt to do something for him?

Suppose you go into a new place and establish your office and the first patient who comes is one that you will never be able to give more than slight benefit. If you take this case on for treatment, and after a few weeks' time you realize that he is not satisfied and that you have not made good, you have lost in that section of the town where he lives not only that patient, but possibly all of his friends.

After taking four of these hopeless or unsatisfactory cases from four different parts of a town, you will possibly wonder in a year's time why you are getting ready to leave that town.

The first patient I examined in Toronto I refused. It happened to be a case that would never be exactly satisfactory, from my standpoint. Because of my refusing this case another member of the family came to me, and through it I secured a sufficient number to pay expenses in a very short time. I have made it a rule regardless of whether I am busy or not, absolutely to refuse to take a case if for any reason I feel that I should not do so. I contend that this is a physician's privilege, and in nine cases out of ten you will find that the patient will admire you for your frank-

ness, and you will be rewarded for your honesty in that the refused case will soon spread the news among his friends. When you stop to think of it, you are not, as a rule, the only physician in that town and if they want treatment of any description, there are others who will possibly be willing to take the case. It is not like the case of a doctor in a rural district where there is no other doctor for miles around.

By keeping your practice within your control in that you feel that you can benefit every case you are treating, you are going to make greater headway not only for yourself, but for those who live in that community. Why should a doctor burden himself down with four or five almost hopeless cases, when through taking them on he is keeping persons who could be helped, from coming to his office? People will watch their neighbors, and they usually know when they are going to an osteopath. They are closely questioned as to improvement or lack of improvement and the friends of a case that is not improving will seldom venture to come to you unless the patient you have been treating will recommend you.

In a frank manner I have stated the attitude assumed toward chronic cases that cannot be relieved to any great extent. You will want to know what kind of cases cannot be helped, and in brief, I will say that in every known disease from rheumatism to anemia, you will find cases that have reached a certain point where pathological changes are such that you will find it quite impossible to make restoration. There are also certain forms of paralysis, even paralysis agitans, also chorea as well as sclerosis that you might better leave alone.

Later on, after you are well established, you can take these cases one by one and they will not hurt you as much

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if you feel from a humanitarian standpoint that you should give relief to every person that applies to you. But I prefer the long distance vision in which eventually I can reach the greatest number of people, and give the greatest amount of relief in the quickest possible time, and to my mind this can be done only by selecting your cases and giving them concentrated attention from a specific standpoint.

There is nothing I have said in this chapter but what has worked out in actual practice, and while I refuse an occasional case for various reasons and while I also lose to some other practitioner an occasional case through giving, apparently, too specific a treatment, yet taking it all in all, I have found it possible to handle a tremendous practice, and to relieve, during the course of a year, as well as restore to normal, a far greater number of persons than should I have adopted the older policy of "giving a patient his money's worth," as so many refer to it.

We have never given a chronic case a diagnosis on the same day we make the examination, and follow the same practice even in some acute cases. We are not referring here to emergency cases. After making all the various tests, palpating all of the various areas, taking into consideration the lymphatic diagnostic symptoms in the way of edematous areas, using the blood pressure machine and the stethoscope and testing the reflexes, we call for a specimen of urine for testing purposes and should an X-ray examination be found necessary, we invariably refuse to give a diagnosis until we are satisfied as to the real condition. There may be pseudoankylosis or a sclerosis, or an extra rib accumulation, gall stones, forms of renal calculi or one of a number of other conditions that would cause a thoughtful physician to hesitate in giving his diagnosis and prognosis when he has been referred to by some person as the court of last resort.

In one chapter we have emphasized alertness and we again say that a doctor cannot be too careful in making an examination. It is not always necessary to make all of the tests before treatment is begun, but we always wait at least twenty-four hours before giving our diagnosis and telling a patient whether we will take his case or not. We find this bit of anticipation very satisfactory in every respect. It also gives a chance for second thought, and I am of the opinion that it is well to weigh in your mind over night, or during the twenty-four hours, the case in its various aspects and figure out in your own mind whether you are justified in taking hold of that case and promising verbally or from any other standpoint, relief such as the patient thinks he is going to receive.

It is just as well to have the impression go around that you will not take every case. The greatest institution in the Northwest has that reputation. They have worked on a certain basis for years and many are the cases that have been sent home from that famous place just for the reason that the physicians decided that they were not absolutely positive that it was wise to operate.

When your new patient returns the next day for his diagnosis, tell him in a frank manner that you are delighted to take his case, and after due consideration and comparative notes, including the various tests made, you are reasonably sure that it would be wise for him to take the treatment. When he asks how long it will take, don't quote months or years, but realize that specific osteopathy deals with weeks as a rule, and that if osteopathy can handle the case in three or four weeks' time, he will be satisfied to continue the treatment.

If the case is of such a nature that you do not feel that you care to take it, tell him so. Also state that some other physician would possibly be perfectly willing to take the

case, and might be able to handle it far better, in that he might have had more experience along that particular line. It will not hurt you to let a case go; it will do you good. How can any physician take hold of a case and give that patient treatment when he is not clearly satisfied in his own mind that he will be able to restore that patient? That very thing will shake your own confidence, and you cannot afford to have it shaken. Do nothing that will tend to shake your confidence in handling any case, and you will eventually come to feel that should an occasional case, through some perverted pathological condition, fail to respond to your treatment, as other similar cases have done, you will know that you have given the patient the best attention that you possibly could and in all sincerity be true to yourself in handling cases, and your patients will realize it and admire you for it.

When you have established a reputation of this kind, you will find that almost invariably your patients will smile in a joyous manner when you tell them that you will take them on for treatment. This is not psychology necessarily, it is plain straight Abraham Lincoln honesty.

When you have on your list fifty, one hundred or one hundred and fifty patients coming every day or every other day, or even twice a week, and every patient assures you by his attitude that he has absolute confidence in you, then and there you are happy in your work and satisfied that you are doing all you possibly can, and at the same time you are desirous of doing more for them. It is a good atmosphere to live in. Be honest with your patients and give them the best you have. Let no day pass without thinking of the Founder of Osteopathy. He battled alone in the world, against all odds imaginable and he lived to see the day when his great scientific truths were implanted in the minds and hearts of millions of the American people.





CHAPTER XXV

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TREATMENT ROOM





## CHAPTER XXV.

### TREATMENT ROOM

Some time ago we wrote an article entitled, "How do you put in so much time in the treatment room?" We received a great number of letters regarding this particular article. We will refer to certain points of interest contained in that article and bring out some of the major points that will interest practitioners more, possibly than some of the minor points that need not be discussed in this chapter.

Some doctors have the idea that they must converse with the patient after passing the time of day on entering the treatment room, and also ask the patient how he has been. This takes time. Possibly the doctor has plenty of time to spare, and some doctors may think that a nervous woman needs to be approached gently as we have a great many cases of neurasthenia. We have found in our practice, that first impressions are the strongest, and that in reality a patient likes to see his doctor work.

We are in the habit of giving treatment without a coat. As soon as we enter the treatment room, the coat is hung up and we are ready for business. If a patient has the inclination to talk, our very attitude is against it in that we seem so busy, and proceed without asking the patient any questions, and sometimes give a patient fully half of his treatment before saying a word. Now this does not imply that we are hurrying the case, or that we intend to give a short rapid treatment, but to me it means that whatever can be done from an osteopathic standpoint can and should be done in the quickest possible time.

There is something peculiar from a psychological standpoint in the fact that as a rule a rapid treatment is of much more value to a patient than a slow, drawn out treatment. The other day I was taking a treatment and the doctor started to talk as soon as I entered the room, also continued talking as he took hold of my side to manipulate the muscles. His hands were cold and he seemed to have no particular vitality, although supposedly a strong man. Keeping on with the talking, he pulled away at the muscles, trying, apparently, to relax them and it was fully three or four minutes before he had gotten down to business. This made me nervous, and I believe you can make a patient more nervous by dilly-dallying and by too much verbosity than by taking hold of him with a firm hand and doing corrective work in a scientific manner. I do not jump at a patient, but I move rapidly, and my mind is so centered on what I am trying to accomplish, that the patient realizes that I have entered the room to give the best service possible in the necessary length of time.

Strange it may seem when I state that if I had but one patient waiting in a treatment room and the other four were vacant, I would give the same quick specific treatment, and linger only sufficiently long to do my work. Patients like for you to take off your coat and get down to business. We have done it for years, and while the treatment is most specific, yet the patient feels that you are giving him your entire attention from a concentrated standpoint. For example, a lady came into the office today with her husband, complaining of a bad knee. In a moment's time she was lying down ready for attention. As soon as I took hold of the knee I found the cartilage slightly slipped. It took about ten seconds to replace it. I had her turn on her side and rotated the lumbar region, then on her face, and sprung both innomin-

ates to determine the amount of mobility. I considered that sufficient treatment for one day. She jumped up and started to dance. Her husband told her she had better not do that on a weak knee and she refrained. The correction of one innominate and the replacing of the cartilage was quite sufficient. She had come only to have her knee fixed. That is specific osteopathy. She seemed in perfect health otherwise and only desired to have her knee fixed.

The next case was a man who had fallen on his arm several months previously and the tendon of the biceps was out of the groove in the humerus. Remembering the Old Doctor's method of replacing this tendon, I gave the arm one swing and turned the thumb backward and outward, felt the tendon slip back into place and with one spring on the outer end of the clavicle the shoulder was again restored to normal. The man did not ask for general treatment. He simply wanted his shoulder relieved. There are cases like this that are practically emergency cases and it is not always necessary to give them a general systemic examination when they do not request it.

In making a general examination we spare no pains in going into details. We have referred to this in another chapter, and we will confine ourselves in this chapter to the manner and method of approaching and treating patients, also leaving the room after treating a patient.

Seldom does any case require more than ten minutes for treatment and many cases do not require more than two or three minutes. Had the osteopaths all over the world confined themselves to specific work, osteopathy would be in a position today that would command the attention of all peoples. There may be a possibility that lack of training in the colleges has had something to do with the great length of time put in in the treatment room, but we are in-

clined to lay the blame on the doctor. His lack of confidence in himself and his desire to give his patient his money's worth, so to speak, and to impress the patient with the idea that he is thorough and painstaking, so that he will be able better to hold them, has had to do with the lengthy treatments that are quite universally given.

We take this attitude and as it works out in a charming manner we have no desire to change. Our attitude has already been outlined in that we are inclined to believe that the patient wants speedy relief, and the more specific the work you perform, the greater the impression you make on the patient. Likewise a patient is always perfectly willing and anxious to be relieved of his trouble in the quickest possible time.

In the instances referred to above, along the emergency line, examination and treatment all together occupied less than five minutes' time. In order to be able to do this specific work and to be satisfied in your own mind that you are able to diagnose and do the corrective work from an absolutely mechanical standpoint, you must train your mind along that particular line. This can very readily be done and with no fear of losing your patients, you can give them ease from pain or freedom of motion in their various joints, in many instances in a very short period.

The other day we had a man to come in who had lifted a large ash can and produced a lumbar lesion. He simply wanted relief in the quickest possible manner as he had to drive a number of miles that day and did not want to wait very long. We placed him on his back, measured his feet, examined the hips, turned him on the right side, gave one single rotation in the lumbar region locking the vertebrae in a manner so as to concentrate force upon the lesioned area, and with this one single rotation we realized that the correc-

tion was made, and told him that was sufficient for this time; if it bothered him again to come in. He drove over one hundred miles that day, and has had no further discomfort, and we have treated two members of his family since.

What I am trying to impress on the young practitioner is this, that specific treatment will enable him to handle practice and increase his practice far better than the long drawn out muscle kneading treatments in which one might just as well write out on a piece of paper, "We aim to please and give you your money's worth." The attitude of a physician should be this: One of extreme confidence backed by ability and an earnest desire to accomplish the greatest amount in the least possible time.

Picture in your mind, if you are practising in a large city, the great throngs who are suffering and are disabled in some respect. Say to yourself: There are at least five thousand persons in this city this morning who need osteopathic treatment. "I cannot treat them all, only a fraction of them, but I will give relief to as many as I possibly can, and they will bring others. In time I will reach a great many of the five thousand."

With this particular viewpoint in mind you will be able to accomplish a great deal more when you realize that you cannot treat more than seventy-five or eighty-five in one day. The remaining four thousand plus will have to go on suffering, or secure relief by other methods, or possibly be handled by fellow practitioners.

There is no excuse for not having a tremendous practice in a large city, as there is any amount of work to be done, and if you want the people back of you and in sympathy with you, keep your clinics going. Show the people you are just as willing to treat children of poor parents as those of the rich people. After all, the anatomy of the human



body is practically the same in every human being. A pain is a pain the world around. Sciatica is sciatica whether it is in the Chinaman or Anglo-Saxon. Rheumatism affects every known race and neuritis has been found in every clime.

Suppose you have a patient who is talkative, always asking questions, wants to know this, that and the other. Let me tell you how to handle him. In some instances one will ask whether talking bothers you. Invariably say "Yes", and that you will answer any questions after you get through with the treatment. If he insists on talking, give a little extra force on some lesioned area, and ask if that point is sensitive. If that does not stop him, put him on his face immediately and spring the innomines, or rock the sacrum.

A physician should never discuss politics, religion or gossip. If they ask you your religion, tell them you are an osteopath; or politics, tell them the same; and what paper you read, tell them you take all the papers, which we have done, by the way, for years. If they ask regarding some disease, tell them you will have the nurse hand them a booklet when they leave the room. Always be on the alert, head them off to keep them from talking and, of course, do very little yourself. Go into the treatment room as if you were determined to restore them immediately, also make each one feel as if his case was the only case you were handling, or at least, you were as much interested in his case as a physician possibly could be.

It is absolutely necessary to have sufficient rest and sleep to keep in mind what the patient has told you at some previous date. And there are those who will try to corner you and see if your latest diagnosis corresponds with your first diagnosis. Alertness is one of the greatest factors in a physician's make-up.



Each treatment room should contain the latest magazines and a few books. Let no magazines remain in a room that are not current numbers, and take a sufficient number to show that you are broad-minded.

Each room should contain a fan, an electric heater for chilly days, and a large steamer rug.

It is a mistake to have a patient use a treatment room for a rest room. Invariably tell lady patients to go straight home and rest for an hour, lying on the back or in a comfortable position. We do not let them go shopping, and we do not encourage their remaining at the office for any length of time, and seldom do we have any one lingering unless it be one who has come to the office in a run-down and depleted condition, to the extent that he needs to rest five or ten minutes before starting for home.

By giving short specific treatments, you will not tire a patient to any extent, and as a rule, the patient will be refreshed. Keep the treatment room for patients to come to have their treatment, and go out as promptly as possible, so that others also may have a chance.



CHAPTER XXVI



ADVERTISING



## CHAPTER XXVI.

### ADVERTISING

Without any doubt, it always pays to advertise. Of course, a physician must advertise in an ethical manner, and that consists, briefly, of using chiefly the literature published by some of our progressive osteopaths who are inclined in that direction.

I am a great believer in educating the public, and I would use the word "advertising" advisedly, as no physician cares to refer to his propaganda work as an advertising proposition.

To rely upon the sending out of osteopathic literature as the principal means of creating and maintaining a practice is absolutely the wrong idea; but sending out a reasonable amount, at regular intervals, is usually a very wise idea. If you send out too great an amount at one time, people will think you are in need of practice; and if you send out no literature for a period of time they think you are going to leave town. They will not think of it as being due to the fact that you are so busy that you do not want any more patients for a while. They will simply conclude that you are either not interested, or that you cannot afford to carry on a publicity campaign.

Personally, we use more of the Osteopathic Magazine than any other publication. There is no doubt in the world but that the booklets, leaflets and brochures published by my old classmate, Harry Bunting, also those by the great publisher of the Mississippi Valley, R. H. Williams, are exceptionally good, and we also use a great deal of both kinds. Then there are special booklets and brochures published

elsewhere that are also of great merit; but the main point is to place reading matter in the hands of those who are interested, or who are taking osteopathic treatment, and not to send out a promiscuous list to every one and expect that you are going to get great results. Personally, we have not for many years sent out any literature except at the request of some patient. Two or three hundred copies of a special number mailed out to those whom you know will use them to good advantage, is certainly of greater value than spasmodic attempts to reach all of those in the phone book one month and the Blue Book another month.

We certainly believe there are a lot of osteopaths who do not send out sufficient literature. There are very few who send out too much. We are inclined to believe that the sending out of more literature will help to educate the people so that they will become sufficiently interested in osteopathy to recommend it to their friends, as well as keep up occasional treatment on their own part.

It is a mistake to try to put out your own literature when there are those who have given it a lifetime of study and can select the very best material from various sources. Almost every one has had the experience of feeling at times that he would like to write a certain article, or put out a certain piece of literature that would hit the nail on the head; but if you will look very carefully over the various pieces of literature that have been published, or write to the publishers and ask them for a list, you will soon realize that very few of the basic points in osteopathy have not been treated at some time or other.

While it is very well to circulate a reasonable amount of literature regularly (that is, at least ten months in the year) we are inclined to believe that the greatest publicity that any physician can receive, without exception, comes

from so conducting his practice and securing results through specific adjustment, that his patients will talk for him at all times. When you get fifty or seventy-five persons putting in a good word for you at various social gatherings, afternoon tea-parties, evening dances, and after-church interviews, then you will find that you have working for you, people whose services you could never pay for, and to whom no one would listen but those who knew them; and eventually, when new patients come into your office, they will say that they were referred by "so and so," who, in turn, had taken previous treatment through hearing of some one else who had been cured; also through reading osteopathic literature.

It is in this way that we get the majority of cases from year to year. Literature well-placed in the hands of those who have been benefited by osteopathy, will do more good than ten times that amount of literature promiscuously placed.

Be sure to keep a very carefully selected list of those who you know will receive the literature you send to them and use it to the very best of advantage.

The publicity campaign question is quite a serious one, and all kinds of phases present themselves; in fact, the matter has never been satisfactorily settled as yet, and possibly never will be. It is just a question of going about it in the most ethical manner possible, and getting results in a way that will not be offensive to the public as a whole.

Each man has his own idea of advertising. Some think that they need not advertise at all if they do the good work. That is rather a selfish motive, as no matter how large a practice may be, even if one be turning patients away, for the sake of osteopathy in general and the assisting of those who are less busy, it is necessary that we carry on a systemat-



ic campaign to educate the people as to the true principles of osteopathy.

The people are not so well-posted but that you will find in your own practice, for instance, that certain patients will ask you regarding a certain disease, and say, "Well, I didn't know that osteopathy could handle that disease, or I would not have advised my son to go to a specialist to have his trouble treated." We hear this every day, and it will be many years yet before the people will become so familiar with osteopathic truths that they will not need to be educated toward a viewpoint more satisfactory to those who are trying to familiarize the public with osteopathic principles.

It is true that the medical profession does not have to advertise in an open manner, but the greatest publicity campaign known is carried on day by day, month by month, and year by year, in a manner that does not, in any way, have the appearance of being advertising matter. The papers and magazines almost monthly, and the dailies, daily, contain from one to three or four articles directly or indirectly discussing some health matter, or some disease, under a special column, or mentioning some epidemic where certain serums have been found to relieve certain conditions; and by the end of the year, you will find the sum total of this insidious publicity campaign work will amount to sufficient material in any one locality to make a good sized volume.

We have not yet reached the stage where we can get the ear of the press, but we will some day, and until we can do that, it is up to us to use the best literature published, and, in an ethical manner, secure the attention of those who either are taking treatment or will eventually be interested in osteopathy.

It will be just as well to circulate magazines from various publishers at different times. For instance, a couple of hundred osteopathic magazines, put out by the A. O. A., one month; and the O. H., or Williams' brochures, another month; and that most stable magazine, the Herald of Osteopathy, which is one of the oldest osteopathic publications and which has brought thousands of new patients to the osteopaths' offices.

Each doctor can select his own reading matter, but never think that you are doing the right thing until you have used a certain amount, at least, of publications that explain the principles of osteopathy from various standpoints.



CHAPTER XXVII



RESEARCH



## CHAPTER XXVII.

### RESEARCH

There is something fascinating about research work. Those of you who have seen that famous play "The Bird of Paradise" will remember distinctly the tremendous feature in one of the scenes wherein a graduate medical doctor supposedly finds, from a microscopical viewpoint, the causative factor of leprosy.

To my mind there is no greater point of interest in any physician's life, outside that of a grateful patient, than the inventive or research turn of mind in making an entirely new discovery, whether it be a causative factor, or technic, administration of instruments or a formula that is useful to a patient undergoing operation or treatment.

We have always felt that every physician in actual practice, should at some time during each year, accomplish at least one thing along the line of research work; and this would be possible, in almost every instance, if physicians would realize that research development takes place only after one has concentrated sufficiently on a particular subject.

Inventions, as a rule, do not come out of the blue sky. We may be inspired by Nature's wonderful touches, and it is quite possible to live so in tune with Nature that we can practically draw out of our observations while in touch with Nature, unusual and remarkable thoughts and possibly discoveries; but the greater number of inventions and the greater amount of research work accomplished in the laboratories, follows only a tremendous amount of study and detail work.

It does seem to me that it is worth while to try and reach a point where we can touch these two most satisfactory phases in a physician's practice. If there are certain propositions to be handled, and certain goals to be reached in order that we may receive that unusual stimulation that goes with touching the goal, or reaching the highest point of success, in the way of research findings, why not set out to attain this high and unusual point of vantage?

If every graduate of an osteopathic college would follow out the resolutions that he made while attending college, it would not be very long before he would have a thesis written on some particular disease that had attracted his attention and to which he had devoted weeks and months of constant consideration and thought. While this treatise might not be anything particularly new, yet it would be the beginning of a great ending, and I absolutely believe that any physician who will start out in this manner (taking for granted that he is sufficiently interested in any one subject) and work through to an end, will within ten years' time, develop some new idea and make himself almost a specialist on that particular line of work.

You seldom, if ever, hear of a specialist on varicose veins, for instance, yet back of that tremendous physiological perversion there is room for a specialist to make himself famous the world over. There should be a way of handling varicosities, although possibly indirectly, from a vasomotor standpoint, in the early stages, and later on from a more or less mechanical standpoint, to the extent that the physician will be able to advise, in almost every instance, a successful method of handling this peculiar, annoying condition.

Seldom do we find a specialist who has devoted his entire time and energy to the subject of phlebitis, yet there



is a direct cause in almost every instance, and there should be a specific treatment. While we have, in a general way, considered both of these conditions from an osteopathic viewpoint, and while, in a general way, our books cover these two diseases from a technical standpoint, yet we have never followed through sufficiently to bring out scientific details to the extent that we can advise minutely the administration of treatment in each and every instance.

We might go on through all of the various diseases and show that those who specialize follow a certain routine. The majority of specialists take up one of ten diseases, and every one is sufficiently familiar with these that we need not name them. About the first thing a student has in mind when graduating is to specialize along the line of eye, ear, nose and throat work. This seems a very inviting field. If he is not so inclined, he may make a specialty of surgery. Or he will specialize on genito-urinary troubles, while some of the lady osteopaths will specialize on obstetrics.

Few of our osteopaths venture to specialize, for instance, on nephritis, yet in ten years' time, by concentrated effort and research work along the line that osteopathy indicates, it would make a man famous from coast to coast.

How many of our osteopaths have specialized on goiter, for instance, and are known throughout the osteopathic profession as goiter specialists?

How many have concentrated their entire time and energy on hepatic disturbances, or even splenic disturbances?

There is absolutely room for specialists along these various lines, but in order to get out of the ordinary routine, research work is demanded and the majority of our graduates are not research men—the vast majority, I say. About one in a hundred has a tendency towards research develop-

ment, and they follow the lines of least resistance. They buy all of the books published, and visit the reference libraries to post up on the specialty of eye, ear, nose and throat work. This may be one of the most fascinating callings, but it is covering the ground that might be done by those who have no inclination along research lines.

However, in our osteopathic field, I am glad to say that we have the greatest eye, ear, nose and throat men the world has ever known. The names of some of our osteopathic specialists in this particular line will go down in history as inventors of the most ingenious methods ever conceived by physicians.

We are just reaching the threshold of a great awakening along the line of research work. I have contended for years that the osteopathic profession, represented by our National Association, could pull off no greater piece of work some one year, than that of a research year. We have some splendid research workers, who have been at this line of work for many years, and we have some splendid laboratories; but how few are doing the actual work! We want to dip down into the colleges, reaching the various students, and creating in their minds, through the teaching of the professors, that peculiar research instinct as a result of which a student will so thoroughly ground himself in the idea of being original that when he is graduated and goes out into the field, he will have an awakening that will result in findings that were never dreamed of before the research idea dawned upon his mind.

If we are going to devote our entire lifetime to the therapeutic art, and if we intend to put our whole soul and energy into the work, which we should do in order to make a success of it, I am sure that there are sufficient hours in the twenty-four to devote at least a few thoughts to research,

and turn our attention to some particular phase, hoping that some day, out of our study and concentrated thought, we will produce something that is worth while to humanity.

How is the world going to progress from a therapeutical standpoint, unless the individual doctor will arouse himself and become sufficiently interested in the physical welfare of humanity to throw his energy into his work sufficiently to bring about, or develop, the creative turn of his mind, whereby he will get away from the beaten path, and, with a more thorough knowledge of the workings of the human body, bring out some feature that has never been known before in therapeutic history.

We will welcome the day when there will be more research men, and when each doctor either will do research work, or it will be known that he is not interested in it.

We hope there will be sufficient interest in this line that patients coming to a physician will ask him from year to year what he has done new for humanity. This will indicate how much interest he is taking in his work, and how much time and attention he has devoted to that particular phase, wherein something new will be turned out that will be of value to suffering humanity.

There are some physicians who devote a great deal of time and energy to speculative measures, or to the social side of life. There are others who are over-studious, but they are in the minority.

The well-rounded physician, who attains sufficient heights to be known as an outstanding physician, or surgeon, is the one who has burned the midnight oil and who knows and realizes that he is accomplishing something that is unusual.



CHAPTER XXVIII

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TREATING CHILDREN



## CHAPTER XXVIII.

### TREATING CHILDREN

Some doctors like to treat children, others do not. I must admit candidly that I practised for about fifteen years before I really enjoyed treating a child. In fact I have turned away many a child because it cried when being examined, and I just did not want to bother handling that child as it seemed to make me nervous. For some unknown reason I changed about entirely, and at the present time it is more pleasure in almost every instance to treat a child than an adult. I have a great fondness for children; I dislike seeing them handicapped physically and I thoroughly enjoy seeing them restored to health.

When I became interested in infantile paralysis, I realized that in order to test out the merits of osteopathy in these cases, it would be almost absolutely essential to conduct a free clinic in that we could hold the cases for the necessary length of time in order to bring about the restoration. From this reasoning the National League for the Prevention of Spinal Curvature was founded, and through it a great many clinics have been established over the country, and thousands of children are being benefited each year and likewise the doctors have benefited by the experience, and have almost invariably more faith in the science of osteopathy.

We also found that another reason we did not get good results in treating children, was not only that we had not been treating them for a sufficient length of time in infantile paralysis cases, but that we had not been giving them proper adjustment. Because they were children we had



the idea that we should amuse them, tell them stories, count their toes, knead their muscles and do very little real corrective work.

In our great clinic where we treat as many as forty-eight children in one hour and twenty minutes, we give them not only specific treatment, but use a great deal of force in thoroughly springing and securing motion in the vertebrae in the various regions. We did not think at first that it was necessary to secure a strong lumbar rotation as well as good motion in the lower thoracic, but we have found that a good stiff treatment is quite essential if we desire to secure vasomotor tone, and bring back to a normal condition the atrophied muscles in the legs especially.

Massage will bring about sufficient effect on the circulation to warm the feet temporarily, but in half an hour's time the feet will turn cold again. After two or three specific treatments, we can throw the circulation to the feet that were once cold and clammy and make them warm for at least several hours. After two or three weeks' treatment, the mothers will remark about how warm the feet are in contrast to their being so cold over a period of time extending back to the convalescent stage when the child was slowly recovering from the attack.

We likewise give a thorough adjustive treatment in the cervical as well in the upper thoracic, and should there be muscle atrophy in one or both arms, there seems to be a necessity of a strong specific treatment in the region just referred to. Children will not break, and if you are well posted in your technic, you will not injure them, but you will start impulses in the various nerve tracts that will awaken the various circulations and bring about a physiological activity that will make restoration possible in the majority of instances.

If you have no particular fondness for children, and they will not go to you with confidence, you are absolutely excused from trying to handle these cases, but if you can win the confidence of a child in a very short time, by all means take great interest in the children. It is all well and good to treat old chronic cases, give them ease or restore them in the great majority of instances, but is it not true that the children should be reached and brought back to normality just as much as the adults, if not more so?

Were it possible to eradicate all cases of scoliosis by semi-annual inspection and adjustment, it would be but a few years before we would have but few chronic cases in adults to bring back to normal. What a different world this would be if the osteopaths could carry on this special semi-annual work and train the children in such a manner that whatever ailment came upon them later on in life, they would have speedy adjustment and quick restoration.

We are keenly interested in clinics. We cannot understand why any osteopath living should not either have a personal clinic or work in a group clinic. It seems to me that it is the duty of every osteopath to carry on in some clinic. There are a number of osteopaths who will say that they treat children free occasionally during the week, but in these instances no particular credit is given such as might be should a clinic be announced and the mothers of the neighborhood have their attention drawn to the fact that a clinic is really being conducted, and that other children are welcome, and that the doctor is known as one who is willing to work in a clinic without remuneration.

It is this concentrated action that not only benefits those that are being treated, but also gives a backing to osteopaths that cannot be equalled in any other respect. When you once have the mothers of a neighborhood or in a town

talking for you, you are accomplishing something that will last for years. Cases will be sought out by these interested mothers, where parents are unable to pay for treatment, and you will be surprised at the keen interest these mothers take in bringing in a neighbor's children to have them brought back to normal.

We hope that in the next few years the osteopaths all over the land will have established not only one hundred and sixty clinics as there are at the present time, but two or three thousand clinics. When this is accomplished, we will point with pride to what osteopathy is doing all over the land, and we will have a better class of people physically, and the world will move more smoothly because we have done our bit.

It takes time to treat a case of infantile paralysis where a child has been wearing a brace, or going about on crutches, or has been in a cast for some length of time and possibly undergone an orthopedic operation on the tendo achilles, but it is certainly amazing to see the results that may be obtained if we are sufficiently persistent and interested in the children's welfare. It may take six months, or possibly a year, but I will frankly state that I have treated these cases two years in the free clinic and have been almost invariably rewarded by observing that the child was again almost normal in every respect. Ninety percent of these cases can be restored if they are not too chronic; the other ten per cent can be benefited.

I have never as yet seen a case of infantile paralysis that could not be benefited by osteopathy. If the time ever comes when we will be allowed to take the acute cases, there will be so few cripples in this land that we will simply be amazed. Unfortunately, there are those who think that other methods than manipulative are the proper thing in the acute stages. The few cases that we have been able to

handle in one way or another while in the acute stage, have proven to us most conclusively that the greatest treatment in the world for acute conditions is specific osteopathic measures.

A two-minute adjustment will reduce the fever even in an infantile paralysis case, and the child that has been tossing on its bed and contorting itself in that fevered condition will lie quietly and sleep for at least short intervals, and in two or three days' time through the absence of the excessively high fever, very little damage will have been done to the motor areas of the spinal cord. The old idea of allowing these cord segments to burn out and then stating that there is no possibility of restoration because they have burned out, is most fallacious to say the least. The most important time to check this great destruction is undoubtedly at the time when the fevered condition can be controlled. Were we not familiar with specific nerve centers, and did we not understand how these centers control the circulation over the body, we would be entirely unable to secure any results.

Massage is absolutely contra-indicated in these early stages, as the three circulations should not be churned up, but if specific adjustment could last but half a minute or even a quarter of a minute, regulating the nerve impulses, it may save the child from years of suffering and restore it to normal health.

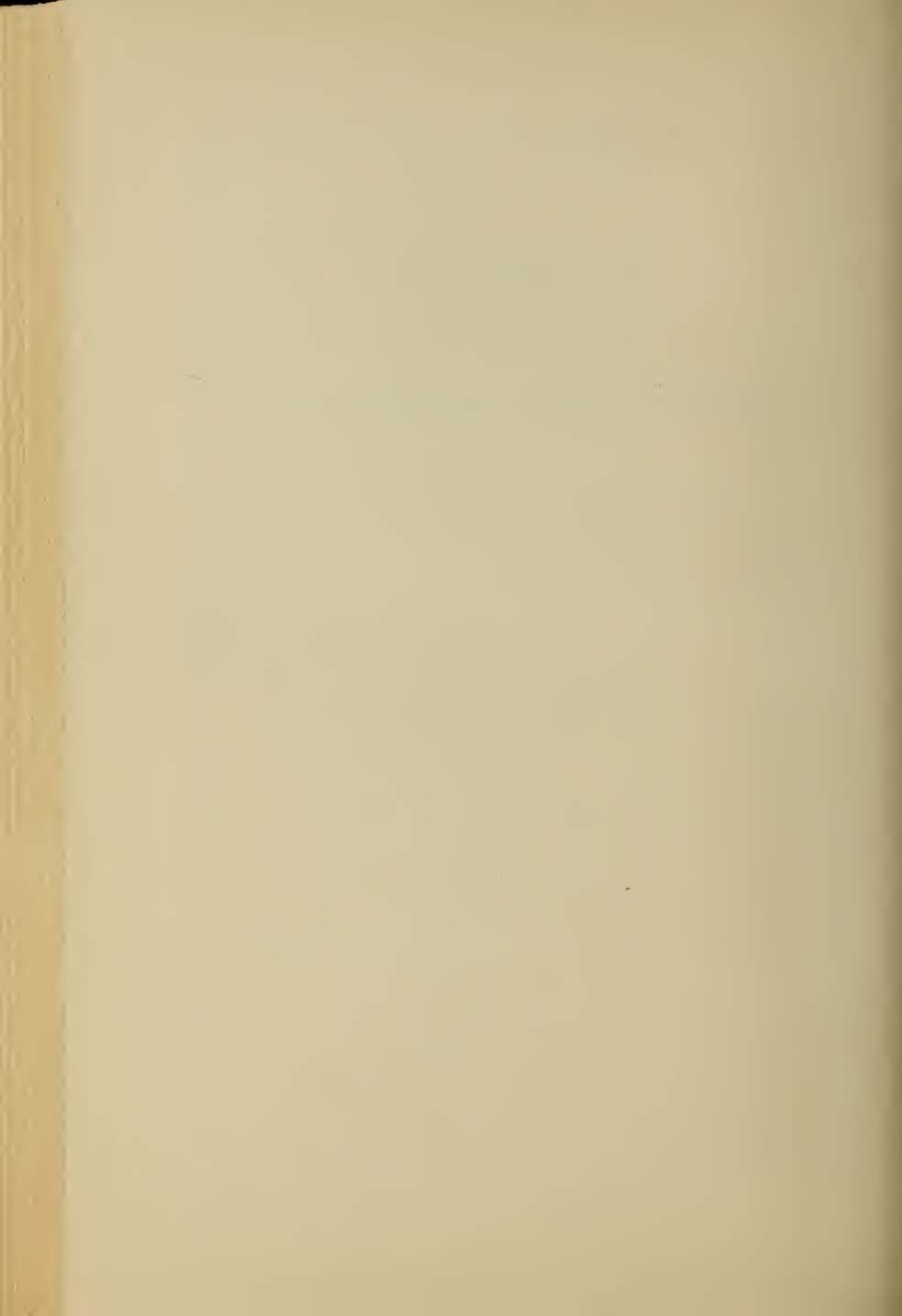
Pay more attention to the children; learn how to get their confidence and give them stronger treatments with less muscle kneading, and you will be pleased with the results you get, and the clinic that you will start, if you have not already entered into one, will add to your pleasure as a physician, and at the close of each year you will feel that you have done something for humanity that will live after you.



CHAPTER XXIX

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OFFICE ATTENDANTS





## CHAPTER XXIX.

### OFFICE ATTENDANTS

There are a few very important points which concern every practitioner, and one of the chief of these is the selection of the attendants in his office.

We have taken for granted that you have selected a most desirable suite of office rooms in the down town district, and that you desire to make the proper impression upon your patients as they enter and leave your office; also that you consider from a business standpoint as well, the value of proper attendants.

First, there is no question in my mind but that a graduate nurse is of more value to an office than the average physician would naturally think. We have had in our office continually for fifteen years, a graduate nurse. She has always been dressed in uniform. There is something about the presence of a nurse that inspires confidence in your lady patients, and if you have selected well, you will find that there are a great many things that the nurse can answer, thus relieving you of a number of the lesser duties. For instance, a graduate nurse is supposed to be well posted on the subject of diet, the giving of enemias, douches, and a number of minor points which are so valuable to the inquiring patient.

If the nurse is of the right sort, she will make friends with the lady patients, who will ask her many questions, and she will be able to give them the desired information. Suppose a case is being treated that has been used to the taking of laxatives, and a more natural substitute could be given, I find it well to give a simple bit of instruction to

the nurse as to how to prepare some food that acts as a laxative, or how to mix bran so that it will have the desired effect upon the alimentary tract, also the proper way to take an enema, the use of the high colon tube for high enemas and the antiseptic solutions used in douches. These, and a great number of other things which she will describe to the patients, relieve me of that amount of detail.

Suppose you open an office in a small town of say five thousand. You will ask if I would recommend a nurse in that instance. By all means I would, even if it is a place of only two thousand. A nurse will give tone to your office more than you can imagine. She will be part of the office staff and the intelligent replies that she will give over the phone to questions pertaining to periods and so forth, can all be very nicely handled and with that delicacy that goes with proper training and understanding.

Depending on the size of your practice, the number of attendants may be regulated according to the amount of work that is to be done. Appointments must be made and the nurse must understand your capacity to handle patients according to their various ailments. We use no regularity in the length of treatment. Each case is individual in itself. When she becomes accustomed to your methods of handling cases and understands that you can handle more cases on certain days than on others, and that certain cases need less time than others, you will find that her co-operation will greatly assist you in determining just how much you can accomplish.

If there is a great deal of letter writing to be done and if you acquire the habit of contributing to one or more journals, you will necessarily have to employ a stenographer more or less continuously. If you do a great deal of work, you may need two, but all letters should be answered the

same day they are received and all letters should be typewritten. It is an imposition to expect a busy doctor to wade through a longhand letter and reply to it on the same day. A neatly typed letter is usually a pleasure to read, and likewise calls for a similar response.

The nurse can handle the greater amount of the work; she can likewise look after the collecting of the fees. It is certainly easier not to keep books or run accounts, and to run your business on a cash system. There is all the difference in the world at the end of the year between a practically clean sheet in one instance and a loaded, doubtful, sheet in another. Have your patients pay at the time of each treatment and you will find, as a rule, it is much more satisfactory.

Regarding appointment sheets: When we first entered practice we used the ordinary blank that is used by the majority, and as nearly as I remember, appointments were thirty minutes apart. I believe at the present time they have sheets that provide for fifteen minute treatments. We started printing our own appointment sheets. The first contained about twenty a day and the second about forty, and several years ago we worked out a sheet that contained a little over sixty a day. We have now abandoned the appointment sheet entirely. We find there is a little psychology about a doctor's office as well as about a business man's house.

There are times when everybody wants to come at the same time and it seems as if everybody wants to come that very same day. Here is where a level headed nurse will be able to assist greatly in equalizing matters by using her rare judgment regarding psychological propositions. It may mean that the doctor will have to be a little more alert, a little more active and expend a bit more energy for that

particular day. If you have at least five treatment rooms, you can handle a goodly number and by a little tact you can treat those who are in the greatest hurry. Here is another advantage in giving specific treatment. There are some cases that will take only two minutes, while others require six minutes and occasionally a case may take ten.

We will pause here for a minute and answer a question that is so frequently asked. How can you handle a chronic case that has a great variety of symptoms, and diseased organs, and give a treatment that lasts but a few minutes? This will bring up the great lymphatic proposition again, and in brief, we would state that the more complicated the case, the more specific the treatment should be. For example, we will take a case of inflammatory rheumatism, where the patient is so extremely sensitive that it is almost impossible to handle extremities, for instance, without causing a great deal of pain.

Years ago I remember of trying to give a most general treatment in these particular cases, and I found that the treatment was almost more than the patient could stand. I got to reasoning along the line of bodily functionings and eventually it dawned upon my mind that in giving general treatment, I was churning the entire fluids of the body unduly. I found that where treatment could be given only once or twice a week, by giving specific treatment according to the edematous areas found, I could get much better results, secure better drainage and get my patient out in much quicker time. Where there seemed to be a great deal of inflammation in the lower extremities, for instance, I would confine my first two or three treatments to springing the lower thoracic and lumbar region with the patient on his back, reaching over the body, catching the spinous processes with the tips of the fingers and springing forcibly

upward. If there seemed to be any blockage in the terminal lymphatic ducts, a specific upper thoracic adjustment, and forcible springing of the outer ends of the clavicles, would relieve the condition sufficiently. The fluids of the body would become more or less equalized as the kidneys became more active and the terminal drainage more perfect.

Why give a general treatment in these conditions when a specific treatment will be of more benefit and not tax the patient to the same extent? There are many other diseases wherein various organs are affected, and we would likewise advise specific adjustment in order to restore the condition to normal in the shortest possible time.

It takes years to figure out this one proposition, and had I known this very point when I first began practising, I might have saved myself a great deal of trouble and anxiety, and at the same time have been of more benefit to the patients under my care.

We cannot expect a young graduate to have had the experience that a doctor who has been practising for a decade or more has, but there is such a thing as profiting by the experience of others, and the majority of doctors are perfectly willing to be advised and instructed, and after all, the greatest proposition in osteopathy is how to handle your patient in a manner that will enable you to secure the quickest possible results.

After practising almost twenty-three years, I am still learning something each day and my work is becoming more specific from time to time in that I feel that I can accomplish more and secure better results by following more closely the teachings of Dr. A. T. Still. When I think how a man could put before the world a new science, and give to his students details as he did regarding the various points that have been discussed in this and other chapters, I am



simply amazed at the resourcefulness of this blazer of a new trail.

It has taken me many years to learn things that I remember distinctly hearing the Old Doctor state, but at the time did not appreciate. We seemed to think at the time he was talking, that his peculiar way of doing things could not be applied to ours, and had I the privilege of living over those days and listening to him again, knowing what I do now, I should assume an entirely different attitude, and I believe that I should accept what he said and put it into immediate practice.

True it is that all students going through college listen to the same lectures, watch the same clinical demonstrations and have in mind, apparently, the various nerve centers that control the functionings of the human body. But it is a different proposition entirely to be out in the field, thrown upon your own resources and confronted with a case of typhoid fever. For instance, try to put into practice what you have been taught regarding adjustment and the control of the various parts of the body through nerve centers, that were outlined in the lecture room.

I know personally of two juniors spending their holidays years ago in a small town where an osteopath was taken down with typhoid fever. His temperature was high and apparently it was a typical case; all symptoms were manifested. These two students had great confidence. They were reasonably sure that they could control the fever in a very short time. They had listened to lectures regarding the reduction of fever in a quarter of an hour or less, and immediately they began working on the vasomotor nerve centers that would supposedly reduce the fever. After working some two or three hours intermittently, they realized that they were making no headway. No other grad-

uate osteopath was within one hundred miles. They felt their helplessness and called in an old school physician and the usual drugs were given to reduce the fever. It still did not abate.

The wife of the osteopath sent a messenger personally the hundred miles and presented the case to an osteopath, who, by the way, was an extremely busy one, and with that magnanimous spirit that the majority of physicians have, or should possess, this doctor took the first train and arrived within two or three hours' time after the interview.

Within five minutes after his specific adjustment, the temperature began to drop. He had corrected a most specific lesion which the students had overlooked. They were depending more upon inhibition, as we used to call it, and manipulation of the muscles.

The five minutes' treatment that this doctor gave in a most specific manner, changed the entire course of the ailment, and the result was that the patient was up and around in a little over three weeks' time; otherwise, had the temperature remained high for a few hours longer, there might have resulted a toxic condition that would have caused the patient to remain more or less convalescent four or five weeks after the fever was at its highest.

This brings out the idea that we have stated elsewhere, that no short course in anatomy, physiology, pathology and so forth is sufficient for any man in handling the various ailments of the human body. Likewise, we cannot expect of a senior what we would expect of a graduate, and we cannot expect of a new graduate what we might expect of a man who has been practising ten years or more. However, there are new graduates who are more capable of handling cases than some practitioners who have been out in the field ten years. It is all in the man, his vision and his



peculiar understanding of the human body from a mechanical standpoint.

There are many points of advice to be given to patients each day; there are many questions to be answered regarding osteopathy and the various diseases that we are supposed to handle and there are times when a patient would like to ask regarding some other member of the family. Where you have free clinics, you will find the mothers asking many more questions regarding the health and care of their little ones.

The nurse's attention is given free as well as that of the doctor. We have never made any charges yet in the free clinic. We give them every attention that we do our best pay patients, and every consideration is shown the mothers that is shown the wealthiest patrons we have. The nurse dresses in uniform for the clinics the same as she does for regular patients, and that is possibly the reason why some clinics are much better attended than others.

We try never to disappoint our free clinic patients in the way of being late any more than we would our regular patients. They should not be kept waiting any longer than a regular patient. It resolves itself into this: Whatever you do, do well. If you do not care to do it well, do not do it at all.

The mothers of children in the free clinics are often much more alert and ask many more pertinent questions than do the mothers who pay well for their treatment. The poor class have been thrown around from one clinic to another until they are pretty well posted regarding certain conditions, and they are perfectly able to ask questions that will often puzzle you if you are not absolutely posted and on the alert.

Here again the nurse comes in very handy in being of

great assistance to the mothers who bring their children to the free clinic for attention. You may not think it, but there are people in every city where clinics are held, who will encourage children to go to the clinics just to try out the doctor and see what he can accomplish, and if a physician gets satisfactory results, they will go. I have seen this done many a time, and that is one reason why we pay such particular attention to all of our clinic cases. A physician with a large practice, well known in a city, is invariably watched by some one in every case he is treating, and sooner or later you will hear directly or indirectly that you have made good or failed in some case that you thought no one had under observation.



CHAPTER XXX

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ATTITUDE OF A  
PHYSICIAN TOWARD  
A PATIENT



## CHAPTER XXX.

# ATTITUDE OF A PHYSICIAN TOWARD A PATIENT

The best known diagnostician in the New England States was called on a case a few years ago, one stormy night, and the husband of the patient, not having seen the famous doctor before, was not at all pleased with the first words uttered by the doctor, and ordered him to go home, saying that he would not have him treat a cat of his.

Now, to my mind, it is not always a matter of personality, and it is impossible for any physician, no matter how high-standing in his profession, to satisfy patients, or even friends and relatives, at all times.

One of the best diagnosticians in Canada is a little man who could walk under the arm of a well-developed man, and yet more people consult him in the course of year's time than any three or four other specialists put together. Appearance is not everything, though it goes a long way in some instances, and it is often from a peculiar standpoint that some physicians express themselves to their patients.

Lou Fildes' painting, "The Doctor," which hangs in the majority of physicians' offices and is known the world over, represents the typical doctor of the Old School. In this day and age, the majority of physicians do not dress as they did in those days, nor consider it essentially ethical or necessarily high-type to wear a full beard. Some day a modern artist may paint in colors on a canvas the supposedly modern physician; but I dare say it would be much more difficult at the present time to give the people a picture of a typical physician than it was in those days when there

seemed to be certain characteristic features that made the doctor most distinctive in type, enabling the people almost invariably to point out a physician in any gathering. Some of the best surgeons at the present time could walk through a crowd or sit in an assembly hall, and it would be almost impossible for any one but a mind-reader or detective to decide who was a physician.

We have some business men at the present who have the appearance of physicians, and who possibly have better judgment in dealing with men and women, than some physicians have. A keen business head nowadays must be a psychologist; must be able to read people; and with a little extra training in the way of diagnosing, he might make as good a physician as some who are posing as specialists.

Fifty percent of the success in healing ordinary cases depends on the first second of a doctor's meeting with a patient, especially if the patient be a woman. If it is an emergency case, it is quite different. The patient, in that instance, is glad to have relief of any kind, and she will have general confidence in whoever is brought; but in consulting a prominent physician, or diagnostician, the moment the doctor enters the home, or the patient enters the consulting room, he will be sized up and much of his success in handling the case will depend upon the result of the first impression. Conservatively speaking, fifty percent of success in handling the case will depend on the first impression.

At the same time, whether the patient knows it or not, the physician is likewise summing up the patient, and we hope some day to bring out a book, which we have had in mind for years, that may interest the laity, in that it will give somewhat of an idea as to the amount of knowledge a physician may obtain by simply taking one glance at a patient. There are physicians who could sit down and write



a three hundred page book on what they observed in a patient in ten seconds' time. Had we space in this book, we would write a chapter, just to indicate what we refer to.

A physician is trained year in and year out to be a physical detective. Every move that a patient makes means something to the physician. Every wink of the eyelid suggests certain nervous symptoms. Every facial expression gives the physician a clue as to the condition of the central nervous system. The shaking of the hand indicates vasomotor tone, or lack of it. The feel of the skin on the hand also speaks a volume.

So on and so forth we might outline what we wish to present some time; but we will confine the discussion in this chapter to the theme the title indicates.

The first meeting of physician and patient is a peculiar proposition. We do not wish to discuss psychotherapy, psycho-analysis, or even psychic phenomena. Neither do we care to discuss possibilities in the way of suggestive therapeutics, new thought, mental healing, or any other of the various propositions that are being discussed so much at the present time.

We must appreciate the fact that is it practically a matter of the meeting of the positive and the negative, for the physician is or should be a great positive force, with full, complete, command and control of himself, in that he is usually too busy and knows too much to be sick, and, being well, he faces the patient, a weak, frail, sick, and negative individual, and probably frightened besides. Therefore, the practitioner, coming into contact with the patient for the first time in this mental relationship, finds it axiomatic, that fifty percent of his success depends upon the first second of mental contact.

Following the order used in the greatest institutions,

it is invariably better for some one in the doctor's office to interview the patient first, and a nurse is the best beginning that we know of. We will consider now a private physician's office, and not a group clinic where a number of doctors make separate diagnostic records before the head physician is consulted.

In your own private office the nurse will be able to give the patient all necessary instructions, answer questions pertaining to treatment, and prepare her for the meeting with the doctor. The doctor enters in a quiet, unassuming manner, and becomes acquainted with the patient first, thus saving his own energy, and the timidity on the part of the patient will soon be overcome. If the case is a nervous type, the physician will make no headway unless he can secure the confidence of his patient. We refer particularly to women patients who are often of a nervous type, and all physicians have a great many of them. The patient must realize that the physician is master of the situation, well-posted in his work, and absolutely interested in the case. This idea held by the patient will inspire confidence.

Osteopathic physicians should realize that the human being individually is not only an animated anatomy, or physical machine, but something beyond and above that—a soul. We may not understand what this peculiar principle is. We may not all agree, from a physiological standpoint; but there are many cases that come under our observation that must be treated partly at least by suggestion, or in some manner that will rectify worry and mental impressions that have disturbed the nervous equilibrium. Every physician should be sufficiently posted in psychotherapy and suggestion to enable him to use, discriminately and tactfully, the proper amount of suggestion, so that the patient may regain confidence and get hold of himself in a way that will elimin-

ate nervousness and dispel alarm that may be improperly held over symptoms and conditions.

There is one other point we would like to emphasize. Ultimately, physicians must realize that all diseased conditions leave some scar on the mind or conscience of the patient. If the physician is sufficiently posted in psychotherapy to drop a word from day to day, while treating, that will develop the mental side as well as the physical, the patients will not complain, after the lesions have been corrected, that they do not yet feel just right physically.

The mind must be healed as well. It may be from one standpoint, or it may be from another. The wise physician is the one who will sum up his patient's mental attitude, and deal with him from a standpoint that will appeal to him.

**CONCLUSION**—Let each practitioner look upon his profession as an exalted one, in that he not only heals through knowledge of the wonderful laws of the body, from a physical standpoint, but that he fails in his duty to man when he does not present to his patient, by illustration or demonstration, a higher level of life and an idealism that the patient must follow in order that he will be physically and mentally normal.

After all lesions have been corrected, let the physician have a final interview, sit down and tell the patient something like this: "Now that I have healed your body, it is principally your mind that will keep your body well," and pointedly tell the patient that unless he has, besides his trade or profession, some special hobby or avocation, of a relaxing and inspiring nature, he will be a patient forever, and you don't want that.

There comes a time when a patient must depend upon his own resources, in order to keep himself mentally rounded out, and we refer to the mental phase as one of nerve equilib-

rium, and the patient must feel eventually that he is more or less satisfied with his own conduct, reasonings, and attitude towards his fellow men.

That physician will have accomplished most who best trains his patients to be mentally, as well as physically, normal.

Joy in work is service to God and man!

THE END

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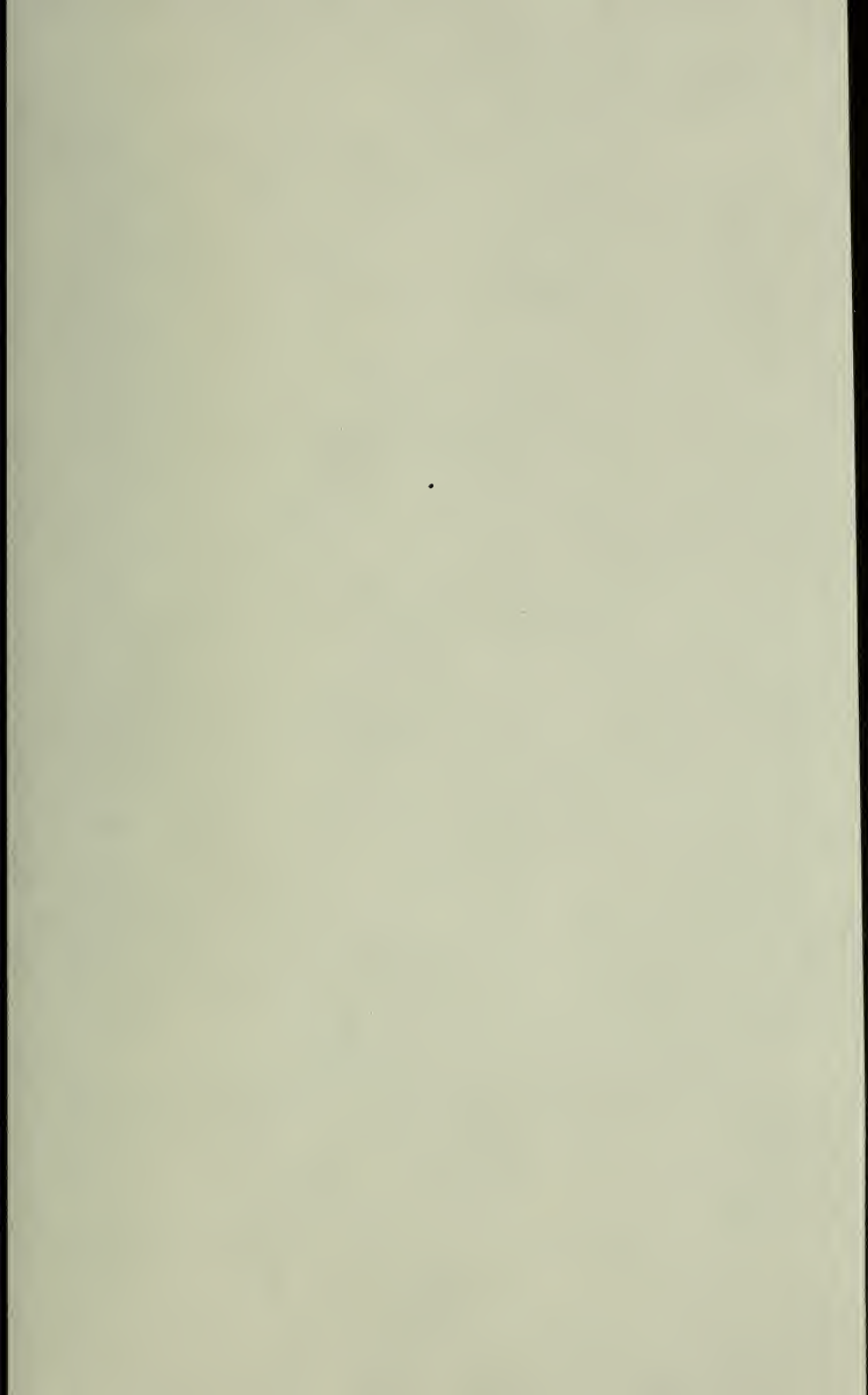
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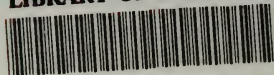


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